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As of October 30, 2013

Kenya Pharma

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The authors' views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Acronyms and Abbreviations

ADT	ART Dispensing Tool
ART	Antiretroviral Therapy
BCP	Basic Care Package
DAR	Daily Activity Register
DASCO	District AIDS and STI Coordinator
DHIS	District Health Information System
EMR	Electronic Medical Records
eMTCT	Elimination of Mother-to-child Transmission
e-SCM	Electronic Supply Chain Management
F&Q	Forecasting and Quantification
FSR	Field Service Representative
HAART	Highly Active Antiretroviral Therapy
IEC	Information Education Communication
KEMSA	Kenya Medical Supplies Agency
LIMS	Laboratory Information Management System
MEDS	Mission for Essential Drugs Supply
M&E	Monitoring and Evaluation
NASCOP	National AIDS and STI Control Programme
NHIS	National Health Information System
NQCL	National Quality Control Laboratory
OMP	Order Management Plan
PASCO	Provincial AIDS and STI Coordinator
PHSL	Phillips Healthcare Services Limited
PMS	Post-market Surveillance
PMTCT	Prevention of mother-to-child Transmission
PPB	Pharmacy and Poisons Board
QA	Quality Assurance
RDQA	Random Data Quality Audits
SDP	Service Delivery Point
TWG	Technical Working Group
WHO	World Health Organization

I. KENYA PHARMA: EXECUTIVE SUMMARY

Because this reporting period is Year 4 of the Kenya Pharma project, by far the greatest portion of our activities fall in the category of “normal operations.” These activities consist of the steps of forecasting, procurement, quality assurance, storage, distribution, information management, and customer service that constitute the Kenya Pharma model of comprehensive and integrated supply chain management and support. These activities are preformed week in and week out and in a manner that we hope is exemplary and indicative of an efficient and effective customer-focused model of continuous commodity supply. However, in addition to these normal operations, during Year 4, the project devoted significant efforts to three special areas: contingency planning for the general election period in late 2012 and early 2013, preparation and distribution of basic care package (BCP) kits, and support to local testing laboratories.

On March 4, 2013, Kenya’s general election was held. This was the first general election under the new constitution and the first election subsequent to the general election of 2007, which resulted in post-election violence and disruption. Although it was hoped that this election period would be peaceful and much effort was devoted to ensuring that peace, many organizations, including Kenya Pharma, put in place contingency plans to ensure the continuity of critical HIV/AIDS supplies in the event that the peace did not hold. Kenya Pharma worked alone and in concert with national and regional organizations to move stocks down to the site level and into the hands of patients. The project also worked to keep the need for contingency planning on the agenda during national planning meetings in the months before the election. Between October 2012 and March 2013, contingency planning and strategic positioning of stocks were major project activities. Thankfully for the entire country, peace generally prevailed, and there were virtually no disruptions in service or supply.

A BCP kit contains items that help an HIV/AIDS-affected family stay healthy. It contains condoms to help minimize re-infections among positives and discordant couples as well as the spread of the infection from HIV-positive individuals to HIV-negative people. It also has items such as clean water supplies and mosquito nets to help reduce a family’s exposure to waterborne and mosquito-borne diseases. In November 2012, Kenya Pharma was asked to procure long-lasting insecticide-treated bed nets (LLINs) that are included as a key component of the kits and in January 2013, to undertake assembly and delivery of 100,000 kits. This was a completely new type of activity for Kenya Pharma, and we were pleased with our ability to respond to the challenge. During March to July, we oversaw assembly and distribution of 100,000 BCP kits to 435 facilities located in five of Kenya’s eight provincial areas (26 counties).

Kenya Pharma has been working with local quality control laboratories to ensure that they reduce testing turnaround times. Quarterly performance review meetings were instituted to track efficiencies as well as to identify bottlenecks limiting optimal performance. Kenya Pharma also supported installation of a laboratory information management system (LIMS) in MEDS and NQCL and although this is still a work in progress, we expect testing turnaround times to fall significantly. Plans are also underway to provide a microbiology isolator to NQCL to help with sterility testing.

Finally, in recognition of the fact that Kenya Pharma is intended to complete its activities at the end of the coming project year (July 2014), the efforts associated with transition planning for the period following our exit are ramping up.

Two key elements of Kenya Pharma’s success have been its emphasis on information management in operations and decision-making and its emphasis on customer service. The emphasis on information management is significantly encompassed in our ordering and reporting website, the e-SCM. Our customer service focus is embodied in our staff of field-based field service representatives (FSRs, also referred to as field agents). Finding the appropriate entity to pick up these two functions and

working with that entity to ensure a seamless transition are two of our primary foci for the project's successful end.

Qualitative Impact

Perhaps the biggest qualitative effects of the project are associated with creation of a customer-focused supply chain environment and a supply chain system in which information is acknowledged as being critical to operations. As is true of most developing country health supply chains, the supply chain in Kenya has been a top-down, generally push-based system for a long time. Moving to the kind of bottom-up, pull system that is intended and the use of data that are needed to feed such a pull system has required and will continue to require active feedback and communication with the field. Kenya Pharma is structured to do this and considers it to be a vital function of our operations, but it is not clear that this approach is understood or sufficiently valued throughout the rest of the sector.

At the service delivery point (SDP) level, Kenya Pharma has used the e-SCM and the FSRs to help the SDPs review their data for accuracy and consistency. Trend graphs have been used to show data fluctuations with the SDPs being asked to explain these fluctuations. With time, a number of SDPs have begun to review and discuss their data internally before submitting it to Kenya Pharma. This is an important step toward data ownership and use. Likewise, MEDS and NQCL have said that that the feedback in our quarterly management reviews has helped them re-evaluate their processes for improved efficiency. They have also used the feedback to mobilize resources as exemplified by the hiring of added staff at NQCL.

Quantitative Impact

At the end of Year 4, Kenya Pharma was supplying HIV/AIDS commodities to 168 ordering sites. These sites were serving 687 antiretroviral therapy (ART) dispensing sites (611 satellite sites and 76 standalone sites), up from 592 sites in Year 3. In addition, Kenya Pharma supplies another 629 preventing mother-to-child transmission (PMTCT)-only dispensing sites through the same distribution network. These facilities serve more than 355,000 antiretroviral drug (ARV) patients and more than 193,000 PMTCT patients.

Project Administration

During the reporting period, the Kenya Pharma project's management team experienced few changes. The e-SCM manager position underwent a staff change, but the e-SCM team did a professional job during the transition, the position was filled quickly, and the new incumbent has taken up the duties of the position quickly.

Subsequent Quarter's Work Plan

Looking ahead, the final quarters of the Kenya Pharma project will focus on the transition of specific supply chain activities with a variety of transition partners. For Kenya Pharma's departure from the scene to occur without supply chain disruptions, these partners should be undertaking roles now being handled by the project. These partners — KEMSA, NASCOP, and the counties — are generally dealing with their own transitions caused by the changes of the new constitution and other factors, which makes finding the time to work together particularly difficult.

II. KEY ACHIEVEMENTS

Pharmaceutical Procurement Planning and Management

At the end of Year 4, Kenya Pharma was supplying HIV/AIDS commodities to 168 ordering sites. These sites were serving 687 antiretroviral therapy (ART) dispensing sites (611 satellite sites and 76 standalone sites), up from 592 sites in Year 3. In addition to these ART dispensing sites, Kenya Pharma supplies another 629 preventing mother-to-child transmission (PMTCT)-only dispensing sites through the same distribution network. These facilities serve more than 355,000 antiretroviral drug (ARV) patients and more than 193,000 PMTCT patients. The number of sites served by Kenya Pharma continues to grow as new sites are added and larger satellites are upgraded to ordering sites in line with the national decentralization strategy.

Forecasting and Quantification

In Years 1-3, Kenya Pharma focused on quantifying existing stocks and consumption patterns as well as developing forecasting and quantification (F&Q) processes. Starting in Year 3, increased emphasis was placed on strengthening collaboration between the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Kenyan government supply chains to improve forecasting accuracy and to avoid stockouts and rationing; this continued throughout Year 4.

Between July 2012 and June 2013, Kenya Pharma had a weighted average of accuracy within 4.5 percent of forecasted units. Of the 19 procurement subcontracts issued during the year, none were modified.

As one of the two national supply pipelines, Kenya Pharma is a key stakeholder in the national F&Q planning exercise. During the year, Kenya Pharma provided data to NASCOP to facilitate planning for national-level F&Q. The data provided included consumption and issues data for the last 12 months, data on available stock in the project's central warehouse, data on commodities in the procurement pipeline, and the latest Kenya Pharma product prices received.

In preparation of the national F&Q exercise, Kenya Pharma worked with NASCOP to identify and select national F&Q surveillance sites. The main objective of establishing surveillance sites was to facilitate collection of complete and accurate F&Q-specific data to inform the building of assumptions and models during the F&Q process. Kenya Pharma was part of the technical team that developed specific site selection criteria and methodology that were used to select the eight F&Q surveillance sites. The project also gave input on the determination of the data required to be collected by the F&Q surveillance sites as well as in developing the tools and the accompanying awareness creation materials. Additionally, Kenya Pharma supported NASCOP to plan for and conduct a sensitization workshop for the surveillance sites which was held on May 27-28, 2013 in Nakuru.

Supporting National F&Q

"Kenya Pharma have assisted us when we need to do national procurements and in forecasting and quantifications to determine national needs. When there are stockouts, or the possibility of stockouts, they have made it possible to share their stocks, which was unlike what used to happen before. Kenya Pharma's approach has been very different."

— Micah Anyona, program pharmacist,
NASCOP

Kenya Pharma was also part of the technical working group that developed the final national-level F&Q assumptions following a consensus-building meeting on July 8-9, 2013. The process of finalizing assumptions building involved firming up targets, determining regimen splits, and discussing the scaling down of CD4 and phased introduction of viral load for patient monitoring in line with the WHO recommendations. Kenya Pharma also contributed to the actual quantification process, revising the narrative, reviewing technical specifications, and developing supply plans.

In Year 4, and in line with strengthening the national systems for a seamless transition at the end of the project, Kenya Pharma continued to convene monthly joint procurement planning meetings throughout the year with key stakeholders in the HIV/AIDS supply chain, including KEMSA and NASCOP. Information shared during these meetings is captured in a stock tracker, a tool that combines information from the Kenya Pharma and KEMSA pipelines. This tool enables stakeholders to continually monitor the national pipeline and helps them to prepare to respond to urgent issues thus ensuring uninterrupted commodity supply. During the year, the tool helped to identify instances when the national program was at risk of running out of pediatric ARVs due to delayed PSM plan approval. Early identification of the issue allowed Kenya Pharma to initiate expedited procurements of the needed ARVs to fill the expected gaps in the national program.

As in previous years, in Year 4, Kenya Pharma continued to host and facilitate the technical two-pager working group that brings together stakeholders such as NASCOP, KEMSA, the Clinton Health Access Initiative (CHAI) and Management Sciences for Health (MSH) to discuss stock levels before the monthly commodity security meeting. The two-pager meeting has allowed these stakeholders to review what is in the national pipeline and adjust orders and stock sharing as needed in a smaller, more focused, setting.

The Kenya Pharma team has also been active in providing input to NASCOP on revised national treatment guidelines. Involvement in this activity allowed the team to better plan and anticipate regimen changes and also ensured that communication from NASCOP was reinforced at the service delivery points through the FSRs. On June 30, 2013, new WHO guidelines were released that recommended use of TDF/3TC/EFV as the preferred first-line regimen for adults initiating treatment and adopting Option B plus for PMTCT. Another important recommendation with significant impact on commodity management in the country was the use of boosted Atazanavir as the preferred protease inhibitor in adult second-line regimens. Kenya Pharma has been at the forefront of discussions on the adoption and implementation of the revised guidelines and has taken steps to ensure commodity availability in line with the new NASCOP guidelines.

As mentioned above, the WHO updated PMTCT guidelines in 2012 that recommended the provision of life-long ART to all HIV-infected pregnant women regardless of CD4 cell count. Option B plus is considered an important contributor to attainment of the ambitious goals for the elimination of mother-to-child transmission (eMTCT) of HIV among children by 2015 and keeping their mothers alive. The preferred regimen for use in Option B plus is TDF/3TC/EFV, which is a single pill and simplified regimen. It is expected that NASCOP will provide detailed operational guidelines for implementation of Option B plus in a phased in manner that will affect an expected 5,000+ sites and it is estimated that an additional 40,000-50,000 new mothers will require HAART under the new guidelines. In anticipation of massive uptake of the recommended single pill, Kenya Pharma initiated new procurements to ensure that project requirements are factored into the manufacturers' pipeline ahead of other orders. In recognition of capacity constraints of the current sole USFDA-approved supplier of TDF/3TC/EFV (Mylan), coupled with the rising demand for the product, Kenya Pharma has been encouraging other suppliers with tentative USFDA approval to fast-track full approval of their products as well as to obtain local registration with Pharmacy and Poisons Board (PPB). Two such suppliers, Aurobindo and Hetero, are already seeking these approvals, and if they succeed, this would greatly ease the pressure on Mylan.

The extensive rollout of Option B plus is expected to pose several challenges, including the logistics of distributing to more than 5,000 sites when the plan is fully rolled out. SDP staff will need capacity building as well as preparation for increased workload due to reporting requirements. On the Kenya Pharma side, the massive increase in ART sites calls for a different approach to site support and new strategies are being explored in preparation for this challenge. Kenya Pharma will work with NASCOP to ensure coordinated roll out and to respond to emerging issues. In the meantime, as guided by the NASCOP PMTCT program, SDPs will continue to offer Option A and Option B while building their capacity to provide Option B plus. Kenya Pharma will also continue to supply AZT

300mg for use in Option A. However, due to uncertainty of the rate of uptake, procurement will be on call down basis to avoid overstocking.

On March 4, 2013, Kenya's general election was held. This was the first general election under the new constitution and the first election subsequent to the general election of 2007, which resulted in incidents of post-election violence and disruption. While it was hoped that this election period would be peaceful and much effort was devoted to ensuring that peace. Many organizations, including Kenya Pharma, put in place contingency plans to assure the continuity of critical HIV/AIDS supplies in the event that the peace did not hold. The planning process began in October 2012, and Kenya Pharma demonstrated leadership by initiating discussions on contingency planning and ensuring that the issue was adopted as part of the agenda in the monthly ART commodity security meetings. Several planning meetings were convened by NASCOP in which Kenya Pharma offered support in various areas, such as drafting a circular to SDPs to advise it to hold adequate buffer stocks. Kenya Pharma also ensured that there was adequate stock at the national level to adequately buffer all SDPs before the general election on March 4, 2013. For the few facilities that did not have adequate storage space, plans were put in place to respond to their needs as necessary. Thankfully for the entire country, peace generally prevailed, and there were virtually no disruptions in service or supply.

Election Contingency Planning

"Kenya Pharma's approach was to take into consideration everything from the logistics of storage, to transportation, right down to the facility level in terms of: do we have the nurses there, is the task shifting going on, who is going to be responsible for actually writing down who is receiving what? We must get down to those sorts of levels and I thought that was a real strength of Kenya Pharma. In the election contingency plan, Kenya Pharma had walked an extra mile and that is very good."

— Gary Jones, security & humanitarian response advisor, UNAIDS

Procurement

During Year 4, Kenya Pharma procured HIV/AIDS commodities that reached 687 ART sites and supported 355,591 patients with first- and second-line ARVs, up from 338,278 in Year 3. In Year 4, the project also served 753,356 patients with OI medications. The project also supplied 193,495 PMTCT patients (98,958 pregnant women and 94,537 infants) with medications at 629 sites. Additionally, the project responded to an ad hoc request from USAID, to procure, assemble, and deliver 100,000 basic care package (BCP) kits. The project also responded to eight ad hoc requests for the procurement of bed nets and pharmaceuticals. In Year 4, the project delivered more than 457,772.55 kilograms of pharmaceuticals, representing 30 percent of total outbound deliveries, to the KEMSA warehouse through the stock-sharing mechanism.

Quarterly reviews indicate that all Year 4 procurements were conducted as outlined in the project's procurement manual, ISO procedures, and guidance documents. Waivers were sought when required (in 80 cases in Year 4). Kenya Pharma has procured commodities at competitive prices. On average, the project's median price paid for commodities compared to international market prices in Year 4 was 77 cents to the dollar.

The project conducted 20 market surveys to identify new product sources and research international median drug prices, approvals, and registration. Six new USAID pre-approved suppliers were identified in the process. The increase in the number of suppliers and competition has also contributed to reduced commodity prices.

In Year 4, the project had no incidence of stockouts. No project-supported facility reported stockouts of OIs or ARVs at any time during the year. Improvements to the electronic supply chain management (e-SCM) system, increased collaboration with other stakeholders, and an increased focus on monthly data review and order rationalization with SDPs contributed to no stockouts during the year.

Increased collaboration with other stakeholders working to support people living with HIV/AIDS in Kenya has contributed to the low number of stockouts. Improved communication and joint planning with NASCOP, KEMSA, and others in the monthly two-pager working groups, the commodity security working group, and the monthly procurement planning meetings have contributed to Kenya Pharma's improved ability to plan and quantify for these needs more accurately than in the past. Additionally, continual improvements to the e-SCM and quick customer service provided by the FSRs have resulted in more timely information gathering and have helped to avoid stockouts. On the local level, stock management at Kenya Pharma-supported sites also improved during Year 4. The Kenya Pharma field operations teams, as well as the technical teams, continued to make regular visits to SDPs to review stock storage practices. The teams advised on any issues identified in the pharmacies and storage rooms.



Loading trucks with BCP kits before distribution throughout Kenya.

During the year, Kenya Pharma took up the task of assembling and distributing basic care package (BCP) kit assembly at the request of USAID. A BCP kit contains items that help an HIV/AIDS-affected family stay healthy. It contains condoms to help minimize re-infections among positives and discordant couples as well as spread the infection from HIV-positive individuals to HIV-negative individuals. It also has items such as clean water supplies and mosquito nets to help reduce the family's exposure to waterborne and mosquito-borne diseases. In November 2012, Kenya Pharma was asked to procure the long-lasting insecticide-treated bed nets (LLINs) that are included as a key component of the kits and in January 2013, USAID asked Kenya Pharma to undertake assembly and delivery of 100,000 kits. This was a new type of activity for Kenya Pharma, and we were pleased with our ability to respond to the challenge. During March to July, we oversaw the assembly and distribution of 100,000 BCP kits. The exhibit below shows the final distribution locations of the 100,000 kits.

Exhibit 1: Distribution of BCP Kits Phase I

Region	Number of Kits Dispatched
Nyanza	36,580
Coast	13,575
Eastern	9,505
North Rift	3,465
South Rift	*15,950
Western	20,925
Total number of kits	100,000

*The 16,100 kits were for this region; however, 150 kits destined for Majimbo Health Centre in Kajiado County were not delivered because the facility could not be located. The DASCO later confirmed that there was no facility with this name in the county.

Following the successful completion of the first phase of the BCP project, Kenya Pharma received BCP components in preparation for the second phase, where it is expected that 200,000 kits will be assembled and distributed throughout the country. Kenya Pharma has already received some of the kit components as shown in the next exhibit. The success of the project has demonstrated the strong systems and flexibility of Kenya Pharma to take on complex ad hoc requests.

Exhibit 2: BCP Kit Components for Phase II

Item	PO Quantity	Qty Delivered	Estimated Date of Balance Delivery	Procuring Agency	Vendor
Condoms	20,000,000	5,004,000	To be delivered on need basis	NASCOP	KEMSA
LLINs	400,000	–	100,000 ready awaiting tax exemption. Balance of 300,000 on hold.	Kenya Pharma	A TO Z
Shipper carton	200,000	200,000		SCMS	Allpack
Water vessel	200,000	20,040	50,000 delivered on 9/30/2013, 50,000 to be delivered on 10/30/2013, 50,000 to be delivered on 11/30/2013, and the delivery of 29,960 to be determined.	Kenya Pharma	Drafod
Waterguard	800,000	800,000		SCMS	PSI
Cotton cloth	200,000	200,000		SCMS	Ultra Limited
IEC materials	200,000	200,000		SCMS	Soloh Worldwide Inter - Enterprises Ltd.
Water vessel sticker	400,000	400,000		SCMS	Soloh Worldwide Inter - Enterprises Ltd.

Inbound Shipments

In Year 4, the average time for customs clearance of inbound commodities shipped by sea was 7.32 days. Customs clearance by air averaged 5.5 days, up slightly from previous years due to introduction of a new railroad tax whose procedure was not clearly defined in Quarter 16. Despite the new railroad tax procedures, a good relationship with the Kenya Revenue Authority and efficient coordination and communications by partners helped ensure that no commodities were delayed to the point of affecting SDPs. In the future, a better understanding of the new railroad tax will help to ensure that delays in clearing customs are avoided.

Improved planning allowed for increased use of sea shipments from none in Year 1 to 91 percent in Year 4, which has meant significant cost savings (see section on cost and other supply chain efficiencies for more detail). The project continues to lengthen planning horizons and lead times to reduce the necessity for air shipments and expects that this pattern will allow the project to continue to use more sea shipments.

Order Management

In Year 3, the order management process continued to run as expected, with the percentage of sites ordering on time rising to 90 percent in Quarter 16 and 75 percent overall for the year. The continued improvement in reporting timeliness is due to the customer support provided by FSRs, reminding SDPs to submit orders during site visits and, when needed, working with pharmacists to prepare and submit orders. Additionally, SDPs continue to receive training and mentoring support on the use of the e-SCM and ways it can contribute to their operations. The e-SCM has allowed for the placing of real-time orders, and currently 93 percent of sites consistently use the system for online ordering.

During the year, Kenya Pharma conducted order management planning sessions at the end of every distribution cycle to review available commodities for distribution the next cycle. The order management planner tool produced from this exercise contains information on expected receipts, releases from quarantine in the period, stock on hand in the warehouse, and number of months of stock available for distribution. This information guides the order management team to standardize order refills to all facilities and provides standardized special communication messages that are passed on to facilities during rationalization discussions to assist with smooth implementation. Kenya

Pharma considers this a best practice that has ensured uniform distribution of commodities and also served as a communication tool that has enabled facilities to know what to expect and hence plan accordingly. It is recommended that the transition partners earmarked for this activity will need to identify a dedicated team to undertake this exercise on a monthly basis. However, Kenya Pharma is ready and willing to share the expertise, tools and experiences to make this a smooth process.

Outbound Deliveries

In Year 3, Kenya Pharma delivered, on average, 127 metric tons of medications each month, a 20 percent increase over the average 106 metric tons that were delivered in Year 3. For a full list of drugs distributed in Year 4 see Annex VI). Beginning in Year 2 and continuing through Year 4, the project implemented load consolidation in outbound deliveries, which led to consistent and significant cost savings and on-time delivery (deliveries arrived at SDPs within four days from dispatch from the warehouse). Most deliveries are made to SDPs within 24 hours of dispatch from the warehouse, although there is an average 2.09-day wait for last-mile deliveries to hard-to-reach SDPs however this is still an improvement over the 2.44-day wait time in Year 3.

Exhibit 3: Total Volume in Kilograms Distributed per Region

Region	Volumes in Kg Distributed per Quarter: Oct 2012 - Sept 2013					
	Qtr 13	Qtr 14	Qtr 15	Qtr 16	Total Volume	%
Central	16,120.76	15,721.03	13,161.03	12,229.29	57,232.11	4%
Central Nyanza	30,978.08	30,973.8	28,329.84	32,843.21	123,124.93	8%
Coast	16,666.66	26,839.85	19,087.02	17,088.4	79,681.93	5%
Eastern	6,270.4	8,803.77	8,278.82	6,072.27	29,425.26	2%
Kemsa	80,592.25	10,4331.4	172,593.08	102,256.07	459,772.8	30%
Mt Kenya	59,15.84	7,990.06	9,145.27	4,720.11	27,771.28	2%
Nairobi	54,384.23	68,348	39,027.23	48,902.37	210,661.83	14%
North Eastern	2,033.24	1,562.72	1,448.82	1,168.12	6,212.9	0%
North Rift	25,067.88	25,542.98	39,566.69	32,036.94	122,214.49	8%
South Rift	24,823.72	14,492.5	13,586.57	12,880.49	65,783.28	4%
South Nyanza	55,269.27	77,079.03	54,141.67	52,163.83	238,653.8	16%
Western	24,241.98	37,580.6	23,039.18	22,273.32	107,135.08	7%
Total Weight	42,364.31	419,265.74	421,405.22	344,634.42	1,527,669.69	100%

During the year, the project moved from twice-monthly load consolidations to having orders delivered to SDPs in planned once-monthly deliveries by the DHL fleet on the consolidated routes. The new routing involves 22 routes across the country, each of which will be served on set dates during the month. In preparation for the rollout of the once-monthly delivery per route system, all SDPs served by Kenya Pharma were informed of the change and were buffered to ensure that no facility would have stockouts during the transition. The single consolidation per route improves on several efficiencies and provides significant cost savings to the project, which is further discussed in the section on pharmaceutical price and other supply chain efficiencies.

Warehousing

At the end of each monthly distribution cycle, a comprehensive stock review was undertaken to determine the warehouse stock status. The reviews assessed the following areas:

- Available stock on hand in the warehouse
- Average monthly quantities of drugs issued to facilities per commodity
- Expected receipts in the month
- Availability of stock for immediate distribution

- Stock held in quarantine awaiting QA release and if there was need to expedite stock release
- The entire pipeline stock cover

Random visits to the warehouse were also undertaken to assess storage conditions. Following completion of the mapping exercise in Year 3, the random visits also assessed the use of the mapping process in the warehouse to ensure that all commodities were stored in mapped locations physically and in the PHSL dynamics system. Kenya Pharma also continued to conduct regular stock-takes throughout the year. PHSL books and the e-SCM were also reconciled and any variances are recorded in the project's indicator table (See Annex IV for details.)



Member of the Kenya Pharma M&E team participates in a stock-take at the PHSL warehouse.

On the facility level, FSRs continued to receive requests for pallets from a number of facilities. In coordination with the logistics and warehouse teams, the field staff ensured that pallets were dispatched to the facilities that requested them. The pallets were distributed to Kenya Pharma- and KEMSA-supplied facilities.

Pharmaceutical Quality Assurance

In Year 4, Kenya Pharma continued to ensure that the project delivered high-quality pharmaceuticals for people living with HIV/AIDS in Kenya. The project continued to work with local quality assurance (QA) laboratories and facilitated several laboratory equipment donations to the National Quality Control Laboratory (NQCL), which has greatly improved the capacity of this laboratory. Additionally, development and implementation of a laboratory information management system (LIMS) for NQCL and MEDS is underway. The project also increased collaboration with the Pharmacy and Poisons Board on post-market surveillance and sensitization of pharmacy staff on QA practices and pharmacovigilance. The project also continued to work with local manufacturers for the procurement of OI drugs.

Post-market QA surveillance, which began in Year 2, continued throughout Year 4. The QA team visited 37 sites throughout the country during the year. During these visits, project staff physically inspected commodities and collected samples for laboratory analysis. To date, there has been a 100 percent pass rate of these random QA tests. These visits were also a chance to continue advising SDP staff about proper storage and handling procedures, assess the adequacy of local storage infrastructure, and address any quality concerns.

During the year, the project also continued to make donations of laboratory equipment to NQCL as had been done in previous years. In July, Getinge International AB was subcontracted to provide sterility test isolator equipment for NQCL, and delivery is scheduled for January 31, 2014. The new equipment will increase the laboratory's capabilities in microbiology testing which will help speed up testing turnaround times. The equipment donations to NQCL have not only helped speed up test turnaround times for Kenya Pharma, but have also allowed the laboratory to provide support to other clients, including the Pharmacy & Poisons Board and Kenya Medical Supplies Agency. The increased client base will help to ensure that the laboratory is still receiving business after the close of the Kenya Pharma project.

In year 4, Kenya Pharma subcontracted Strathmore University for development of a laboratory information management system (LIMS) for NQCL and MEDS. Although the two laboratories have continued to supply the required pharmaceutical testing services to the project, their performance has been hampered by below-optimum information management. At times, the turnaround time of analysis has been delayed, which revealed that there are bottlenecks in documentation even when actual analysis is completed. A properly functioning LIMS will facilitate improvement in efficiency of information management and improved turnaround time for test results, hence a more efficient project supply chain. Strathmore University has completed three modules of the LIMS for NQCL and is continuing to develop the remaining modules for both laboratories.



Staff at NQCL at work conducting quality analyses.

During the reporting period, Kenya Pharma conducted a structured evaluation exercise of MEDS and NQCL. Since the introduction of regular performance evaluations by Kenya Pharma, both laboratories put in place a self-evaluation system to track their performance. Some improvements that were noted include improved business relations between Kenya Pharma and the laboratories, prompt response to requests for information, and the fact that NQCL has recruited an additional five technical staff to boost their human capital. The project made recommendations to both laboratories on securing data which the project thinks will help to improve turnaround time for delivering test results.

As in previous years, the project continued to procure OIs from local manufacturers. Kenya Pharma made regular inspection visits to local manufacturers, where feedback was given on quality policies and practices. Local manufacturers such as Universal have noted that these inspections and Kenya Pharma's focus on quality have helped to improve their own quality management systems.

Pharmaceutical Price and Other Supply Chain Efficiencies

In Year 4, Kenya Pharma continued to decrease costs and introduce other efficiencies into the supply chain. The project continued to purchase supplies at competitive prices, procuring commodities below international prices. Increased use of sea shipments and consolidation of deliveries also contributed to cost savings and efficiencies. Furthermore, the project continued to build on efficiencies and systems developed in the project's earlier years, while maintaining ISO 9001:2008 certification.

The project continued to purchase commodities at competitive prices in Year 4. Although prices for many pharmaceuticals have declined since the project started, Kenya Pharma has consistently purchased these commodities at prices below international market prices and the price paid by other supply chains. The project paid 23 percent less for all commodities compared to the international market price as reported in the International Drug Price Indicator Guide (IDPIG).

Kenya Pharma has also compared its prices to those recently reported by KEMSA. The comparison between the prices obtained by these two pipelines is somewhat difficult to make because KEMSA uses different criteria than Kenya Pharma to determine supplier eligibility. KEMSA uses WHO standards, while Kenya Pharma uses certification by the U.S. Food and Drug Administration as its

standard. KEMSA also uses delivery duty unpaid terms, which consider cost all the way to its warehouse. That said, Kenya Pharma found prices for eight common ARVs that both organizations have purchased recently and generated Exhibit 4 below to show relative cost positions.

Exhibit 4: Kenya Pharma Prices vs. KEMSA Prices

Commodity	Recent KP Price Average	KEMSA Average	Price Difference	Percent Difference
Abacavir Tablets 300mg 60s	11.43	12.73	1.30	11%
Lamivudine/Zidovudine Tablets 150mg/300mg 60's	6.86	7.47	0.615	9%
Lamivudine/Zidovudine/Nevirapine Tablets 150/300/200mg, 60's	8.32	9.29	0.97	12%
Lopinavir/Ritonavir 200/50mg Tablets 120's	20.74	26.84	6.10	29%
Nevirapine Tablets 200mg, 60's	2.20	2.43	0.23	10%
Tenofovir DF/Lamivudine Tablets 300mg/300mg Tablets 30's	4.82	4.99	0.17	4%
Tenofovir DF/Lamivudine/Efavirenz Tablets 300mg/300mg/600mg Tablets 30's	12.63	14.90	2.28	18%
Zidovudine/Lamivudine 60/30mg Tablets, FDC, 60's	2.01	2.12	0.11	5%

For these ARVs and combinations, Kenya Pharma's comparative average costs for recent procurements have been from as little as 4 percent below KEMSA costs to as much as 29 percent lower.

During the year, the project moved from twice-monthly load consolidations to having orders delivered to SDPs in planned once-monthly deliveries by DHL. This shift introduced several efficiencies into the supply chain. The change enables the warehouse team to have adequate time to organize the warehouse in between distribution cycles. The new process has also reduced the number of trucks needed for distribution and improved the utilization of truck capacity for deliveries as shown in the exhibit below.

Exhibit 5: Number of Trucks Used in Commodity Distribution

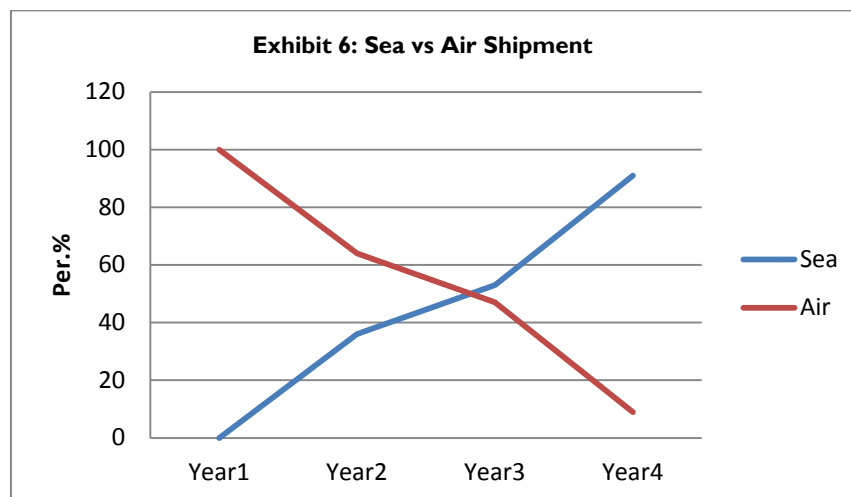
Truck Capacity	No. of Trucks Used						Total No. of Trucks
	Two Consolidations Qtr 15			One Consolidation Qtr 16			
	April	May	June	July	Aug	Sept	
40 Tons	4	1	5	1	0	3	14
10 Tons	0	0	0	0	2	0	2
7 Tons	4	3	11	5	8	12	43
3.5 Tons	4	2	8	7	6	4	31
2 Tons	5	11	12	6	8	4	46
1 Ton	10	9	7	2	5	4	37
Total	27	26	43	21	29	27	173

The reduction in the number of trucks and an increase in the capacity of trucks used has resulted in cost savings for DHL. As a result, despite an increase in the cost of doing business in Kenya due to increased fuel prices, inflation, and general labor costs, Kenya Pharma was able to negotiate maintenance of current outbound rates with DHL.

Following price analysis and negotiations with DHL, Kenya Pharma was able to come to agreement with DHL on a modest decrease in the rate per kilogram for sea shipments from \$1.08 to \$1.06, representing a 1.85 percent decrease in per-kilogram shipping charges. The decrease in the rate for sea shipments was due to the significant increase in the volumes of sea shipments from October

2012 to June 2013 and an expected increase in volumes to be shipped by sea in the coming year. The price for air shipments went from \$3.90 to \$3.96 per kilogram, representing a 1 percent increase in per-kilogram shipping charges. The increase in air shipment rate per-kilogram shipping charges were due to the minimal volumes of air shipments made by the project during the same period. There is no expectation of an increase in air shipments.

In the first year of the project, all Kenya Pharma commodities were shipped by air. In Year 2, the project began sea shipments, and by the end of the year, 37 percent of all shipments were by sea. In Year 3, 53.17 percent of commodities were shipped by sea. In Year 4, this trend continued, with more than 91 percent of shipments made by sea. Exhibit 6 below shows this downward trend in air vs. sea shipments over the life of the project.



As in previous years, Kenya Pharma continued working to create efficiencies in its operations and financial management. The project negotiated and finalized a competitive subcontract with local QA laboratory NQCL and was able to negotiate reduced costs for laboratory analysis by guaranteeing a certain volume of work. Overall in Year 4, total project expenditures in the project management category were only 137 percent of the annual budget, while in the procurement category, project expenditures were 78 percent of the annual budget. The introduction of a mobile banking system (M-Pesa through CBA bank and Safaricom) in July of the previous year has also significantly improved the timeliness of the expense report and travel advance payment process in Year 4.

In Year 4, Kenya Pharma continued to focus on improving the project quality management system (QMS), which received ISO 9001:2008 re-certification in July, as a means of increasing supply chain efficiency and sustainability.

Collaboration with Stakeholders

In Year 4, Kenya Pharma continued to improve collaboration with stakeholders which is increasingly important as transition of the project to local stakeholders grows near. The project is strengthening its involvement at all levels of the supply chain. On the national level, the project has focused collaboration efforts on NASCOP, KEMSA, and PPB as well as other national implementing partners, while the FSRs and regional managers continue to strengthen collaboration at lower levels with SDPs, the Ministry of Health at provincial and district levels, and implementing partners.

As in previous years, on the national level, Kenya Pharma staff continued to participate in technical working groups, committees, and meetings in the HIV/AIDS community. During Year 4, the project took on an active role in facilitating the monthly commodity security meetings, the two-pager technical working group, and national forecasting and quantification exercises. Additional collaboration with the PPB has resulted in stronger QA practices and work with NASCOP and KEMSA on monthly procurement planning has resulted in a more efficient national supply chain as the project prepares for transition.

With the Kenya Pharma project due to close out on July 5, 2014, the project has placed an increased emphasis on collaborating with national level stakeholders. As part of knowledge transfer process and to ensure a smooth transition at closeout, Kenya Pharma invited NASCOP and KEMSA to attend the project's monthly order management planning (OMP) meetings. The OMP meetings are an initiative of Kenya Pharma. These meetings are held once a month and focus on addressing downstream stock issues. During these meetings, the project team reviews the warehouse stock status in relation to expected demand from health facilities. This allows the project to make informed decisions on stock buffering levels to avoid over- or under-stocking at the SDPs. NASCOP participated in the September meeting, and a NASCOP representative was impressed with the outputs of the meeting, recommending that NASCOP and KEMSA should begin to hold such joint meetings as the project begins to transition.

Throughout the year, Kenya Pharma continued to support NASCOP in the ongoing decentralization process, which will increase the number of ARV ordering sites to nearly 600. This increase in sites aims to enhance the accessibility of ARVs and to promote effective data management at the county and district level. This will become even more critical in the coming months with the expected expansion of the use of Option B plus for PMTCT. During the decentralization process, Kenya Pharma has worked with NASCOP by providing patient data for ordering sites and some satellites. This data-sharing has assisted NASCOP while it determines which sites to upgrade to ordering sites.

Another point of collaboration on the national level has been the project's work on the e-SCM. Kenya Pharma has been working with AfyaInfo, a USAID-funded technical assistance project that is supporting the government, to move toward a single, unified, and integrated national health information system (NHIS). The new system, District Health Information System II (DHIS2), will be the successor to the current DHIS. After reviewing the functionality of the e-SCM, the AfyaInfo team thinks that the e-SCM is strategically placed as an important channel in the flow of information from the facilities right up to the national level. Teams from Kenya Pharma and AfyaInfo met and agreed on the data sets that would be shared between the two systems. A working prototype is expected to be ready during the next quarter.

At the local level, FSRs continue to play an important role in fostering collaboration among SDPs, district and provincial government agencies, and other stakeholders. During Year 4, FSRs visited 61 percent of SDPs, supporting them on data collection, ordering, reporting, storage, expiries and recalls, and use of the e-SCM. Additionally, as in past years, Kenya Pharma was active in supporting regional stakeholders' meetings that bring together SDPs, Ministry of Health staff, the DASCO, and the district pharmacist

Stakeholder Collaboration

In Year 4, the project participated in the following meetings and activities:

National level:

- Data quality audit
- Commodity security meetings
- TB commodity security meetings
- Two-pager technical working group
- National F&Q exercise
- Kenya Pharma annual stakeholders meeting
- ART task force meetings
- Therapeutic committee meeting
- Joint national supply chain mechanisms presentation to implementing partners
- Pre-national general elections contingency planning meetings

Local level:

- Regional stakeholder meetings
- Provincial and district health management meetings
- Meetings with partners (MSH, CHAI, etc.)

Since August 2013, Kenya Pharma field teams have been holding meetings with county teams to discuss issues around transition. The field team has met with county health coordinators for Machakos and Nairobi counties. These two counties plan to establish county commodity security TWGs and have asked Kenya Pharma to participate in these groups. The project has committed to providing data on ART commodities management and to actively participate in the TWG meetings. Kenya Pharma field teams will also offer mentorship and technical expertise to the counties as the project prepares for transition.



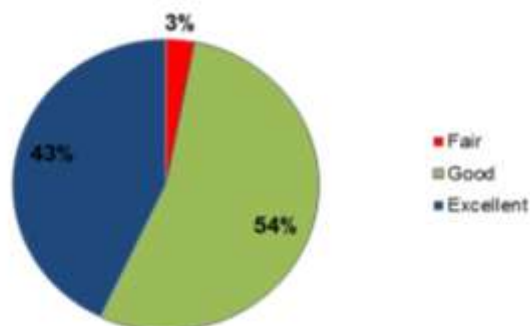
Stakeholders participate in Kenya Pharma annual conference.

A customer satisfaction survey was conducted in June and July 2013 among Kenya Pharma's stakeholders. The purpose was to develop a set of actionable strategies aimed at improving the project's service delivery and consequently enhancing customer satisfaction. The survey aimed at obtaining information from a cross-section of its stakeholders to ensure a holistic approach that would adequately address all relevant issues. An electronic questionnaire on CSS was designed and circulated via e-mail and a hard copy of the questionnaire was distributed to 79 stakeholders attending the Kenya Pharma stakeholders' meeting on July 23, 2013. The survey questionnaires were designed to elicit respondents' perceptions of Kenya Pharma performance in the following areas:

- Products (quality, adequacy, and delivery against order)
- Service delivery
- Communication and feedback
- Usefulness of e-SCM
- Collaboration

Results of the survey indicated that 31 percent of respondent rated the quality of Kenya Pharma's products as "excellent" while 65 percent of respondents gave a rating of "good". Two thirds of the respondents (67 percent) felt that Kenya Pharma's service delivery was "excellent" and commended the project for timely delivery of orders as well as for keeping SDPs informed of any changes in delivery schedules or changes in regimes. With regard to collaboration, 97 percent of respondents affirmed that Kenya Pharma interacts closely with SDPs, NASCOP, PASCOs, pharmacists/ pharmtechs, clinicians (district) and implementing partners. The figure below shows the rating of the Kenya Pharma's collaboration with implementing partners.

Exhibit 7: Ratings on Collaboration with Stakeholders



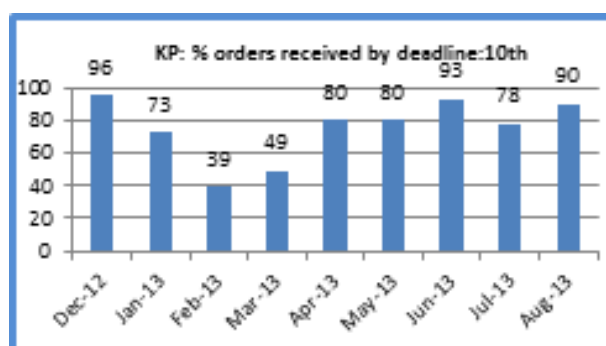
Reporting (Programmatic/Financial)

During its first two years, Kenya Pharma focused on establishing a high-quality HIV/AIDS pharmaceutical supply chain, including developing the e-SCM and getting field service representatives active in the field. During Years 3 and 4, the project took these innovations and built on them to improve on project reporting, data quality, and accuracy and timeliness of information for the project, customers, and stakeholders. The project also continued to provide high-quality and timely reporting to USAID.

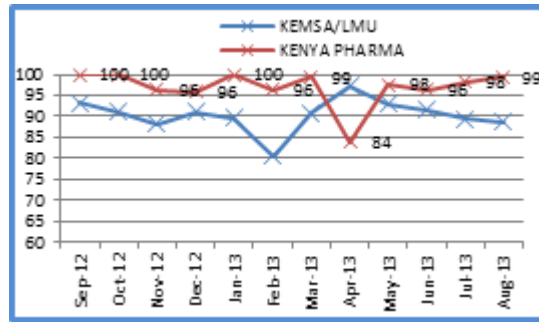
Kenya Pharma's e-SCM continues to play a fundamental role within the national HIV/AIDS program. During the last four years, the project has continued to modify and improve the system, incorporating user feedback and learning from mistakes in order to turn it into a successful automated web solution. The e-SCM is now a dynamic tool that can track the "procure to pay" process of commodities and interfaces directly with hospitals and health centers to capture key information such as consumption and patient data on one platform. This information forms a quantitative basis for accurate planning, quantification, and forecasting and demonstrates how lowest-level health facility data can be accessible to decision-makers and other stakeholders at the national level.

During Year 4, additional modules that integrate the finance, procurement, logistics, and field office functions were added to the system. This has improved the integrity of the data and strengthened the e-SCM as a tool that can provide enriched data that result in faster and more informed decision-making. Additionally, following requests from the newly appointed county pharmacists, the e-SCM was updated to reflect the county structure and workflow. This adjustment allows county pharmacists to access crucial data from their facilities, which can improve decision-making on consumption data, stock status, and trend usage on regimen.

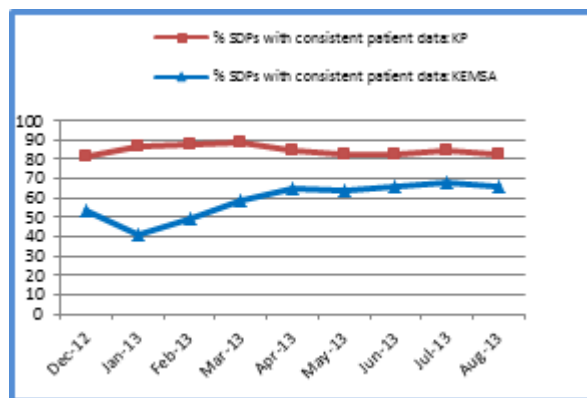
The accuracy of SDP data is affected by factors such as staff shortage, staff turnover, and high workloads, however, the overall quality of SDP reports has improved due to the Kenya Pharma field team's intervention. The field team continued with analysis of the SDP data and seeking clarification when the data appears inconsistent, and many SDPs revisit and correct their data when inconsistencies are pointed out. As a result, regular interaction with Kenya Pharma field staff and feedback provided to the SDPs has resulted in data ownership by site staff who submit the reports, as well as improved data quality and timelier reporting as shown in the graphs below.



More than 78 percent of ordering sites sent in their orders before the 10th of the month deadline except for the period around the general election. The timelines of the orders have enabled the Logistics Department to introduce a single consolidation of deliveries for each route, which means fewer trucks are used for delivery, resulting in savings on transportation costs.



Kenya Pharma's ARV consumption reporting rates from ordering sites have averaged 96 percent to 100 percent during the past year, with the exception of April. In April, one of the large programs that manages more than 20 SDPs failed to report, dropping that month's percent to 84 percent. These rates were comparatively higher than reporting rates on other commodity supply chains. Furthermore as seen in the following graph, more than 80 percent of all ordering sites had consistent patient numbers, i.e., reported change in patient numbers in the expected range of +10 percent and -2 percent, which is comparatively higher than those reported by other supply chains.



Although technical reporting and data quality have been improved in Year 4, the project has also maintained high-quality and timely reporting to USAID. Deadlines were met for all quarterly, financial, and annual reports. Requests for project approvals have also been timely. Additionally, the project has continued to maintain and regularly update its website, Twitter feed, and Facebook and Flickr accounts. Kenya Pharma has also consistently followed the project's branding and marking plans. Instances where exceptions have been made to branding and marking are explained in Annex XII.

Lessons Learned

Throughout the reporting period, there were a number of lessons learned. Below, we have highlighted some of these key lessons.

- Collaboration and joint planning.** The main lesson learned from the 2013 elections contingency efforts is that all players in the national HIV program need to continue working together to ensure that commodity security is mainstreamed in national planning. These efforts should be made not only for general elections, but also for emergency or crisis situations. An example of where this could be applied is the current floods caused being experienced in many parts of the country.
- Engagement of stakeholders.** During this reporting period, Kenya Pharma enhanced its engagement with the project's stakeholders, making deliberate efforts in sharing project data and inviting them to participate in the planning of supply chain processes. An example of this

is that Kenya Pharma's monthly procurement planning meetings now include NASCOP and KEMSA.

- *Ownership of data encourages data accuracy.* To forecast and quantify stocks required, the project needs to receive accurate data from SDPs, but much of the data provided have had errors. During the past year, we have learned that creating data ownership among the SDPS can enhance data accuracy. The project has fostered data ownership by 1) developing data trend analysis to reveal inconsistencies and reviewing these with NASCOP, the PHMTs/DHMTs, and SDPs, 2) following up with SDPs whose trends show data inconsistencies and providing on-the-job mentorship to SDP staff on data capture and analysis and 3) encouraging SDPs to use the trend analysis to track performance of their data. Consequently, several SDPs now routinely revise their data to reflect the correct position, and we have noted a significant improvement in data quality.
- *Provision of and response to feedback.* The project has routinely sought feedback from stakeholders through customer satisfaction surveys and direct user feedback provided during site visits by FSRs or provided on the functionality of the e-SCM. Similarly, Kenya Pharma has given feedback to stakeholders such as subcontractors and suppliers, e.g., quality assurance testing laboratories and warehousing and transport subcontractors, on their performance. The lesson learned from this is that addressing issues raised in feedback has improved performance. For example, as a result of addressing feedback that Kenya Pharma gave to MEDS and NQCL, the two laboratories have improved their performance in areas such as turnaround times for test analyses.

III. PROGRAM PROGRESS

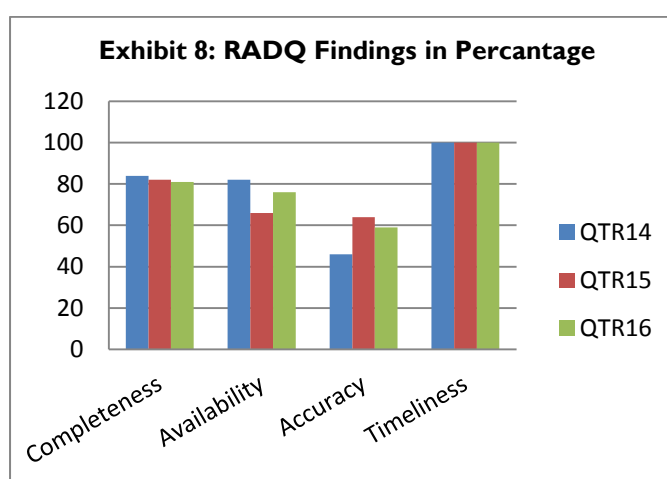
Per Kenya Pharma's contract, a number of required annexes that contain quantitative data have been included in the annex section at the end of this report. A list of these required annexes can be found below:

Annex III: Number of Patients Served in 2013
Annex IV: Indicator Report
Annex V: Market Research Report
Annex VI: Distribution Report for Year 4
Annex VII: Summary of Laboratory Analysis Results
Annex VIII: Expiry Report
Annex IX: Procurement Report
Annex X: Problems Identified and Actions Taken
Annex XI: Trip Report
Annex XII. Branding and Marking Report
Annex XIII. Stock Status Report as of September 30, 2013
Annex XIV. Self-assessment Report

IV. PERFORMANCE MONITORING

During the year, Kenya Pharma continued to focus on improving data quality, particularly at the SDP level. The Kenya Pharma M&E team, with the help of FSRs, conducted routine assessment of data quality (RADQ) throughout the country. The parameters of the data quality that were measured include accuracy, completeness, availability, and timelines. The team interviewed staff at the SDPs, examined primary records on patient's numbers, and compared data submitted to Kenya Pharma by the SDPs through the e-SCM with data in their ADT and DAR. The analyses indicated the following in Quarter 16, while the exhibit below compares Quarter 16 findings to the findings of previous quarters.

- Accuracy: 59 percent of the SDPs reported accurate data
- Completeness: 81 percent had complete data
- Availability: 76 percent of the SDP's source documents were available
- Timeliness: 100 percent submitted their reports within the required timelines



There is a 5 percent drop in accuracy in Quarter 16 when compared to the previous quarter. However, this drop is attributed to implementation of the new electronic medical records systems (EMRs) in most SDPs. Some of the issues brought up by the implementation of the new EMR were loss of patient data during data transfers, staff taking longer than expecting to familiarize themselves with the system, and the system being offline. It is expected that as SDP staff become more familiar with the system, accuracy in data quality will continue as it had during previous quarters.

Additionally, the project's M&E team conducted regular customer service surveys, and the project's PMP was updated during the year to clarify some indicators. The M&E team continued to track project indicators, and performance of key supply chain indicators during Year 4 are summarized in the exhibit on the following pages.

Exhibit 9: Supply Chain Performance Indicators

USAID PEPFAR Objective: Care and treatment of persons with HIV/AIDS in Kenya supported Project Objective: PEPFAR supply chain to provide commodities for care and treatment of persons with HIV/AIDS strengthened IR 1: Pharmaceutical procurement planning and management enhanced							
Award Fee Indicators	Targets	Quarter 13	Quarter 14	Quarter 15	Quarter 16	2012-2013 Annual Figure	Comments
Accuracy in forecasting	>85%	-	-	-	-	95.5%	This is an annual figure for accuracy in forecasting
Accuracy in quantification	>85%	64%	55%	-	73%	64%	The annual figure is an average of quarters 13,14 and 16 figures
Procurements done in line with procurement SOPs	>98%	100%	100%	100%	100%	100%	All procurements done during the year adhered to Kenyan government and the U.S. government regulations
Commodities received in central warehouse within scheduled timeframe	>95%	70%	28.57%	83.33%	21%	52%	A total of 30 out of the 58 commodity shipments received were timely.
Wastage/loss/expiries during storage and handling.	<2%	0.008%	0.16%	4%	5.8%	2.6%	The annual figure was obtained as an average of the four quarters.
SDPs are adequately stocked according to recommended practices	>95%	100%	100%	100%	100%	100%	SDPs continued to receive their stock as ordered through the e-SCM.
SDPs receiving shipments within 4 working days after anticipated delivery schedule.	>95%	100%	98.07%	100%	100%	99.5%	Despite implementation of one consolidation per route SDPs continued to receive their shipments within scheduled dates.
Average time for delivery of stock to SDPs	4 days	2.10 days	2 days	1.97 days	2.26 days	2.09 days	The SDPs continued to receive on average within 2.09 days of scheduled dates.
QA procedures adhering to SOPs	>98%	100%	100%	100%	100%	100%	QA procedures continued to follow the set standards, thus ensuring quality and safe products to the end user.
Percent of randomly tested procured commodities that pass quality assurance testing /analysis	>95%	100%	100%	100%	100%	100%	All commodities randomly selected and tested passed.

USAID PEPFAR Objective: Care and treatment of persons with HIV/AIDS in Kenya supported Project Objective: PEPFAR supply chain to provide commodities for care and treatment of persons with HIV/AIDS strengthened IR 1: Pharmaceutical procurement planning and management enhanced							
Award Fee Indicators	Targets	Quarter 13	Quarter 14	Quarter 15	Quarter 16	2012-2013 Annual Figure	Comments
Reasonable time taken to initiate and resolve any recalls	<i>To notify- 5 days, To resolve- 90 days</i>	-	-	-	-	-	No recalls were undertaken in the Year
Ratio between median price paid by contractor for each commodity in the last 12 months to the median international price	$</ = /$	-	-	-		0.8	Kenya Pharma Prices remained 23% below international prices. The ratio compares Kenya Pharma ARV Prices to the IDPIG Prices as of 2011 and 2012 report. The ratio is however not inclusive of all the ARV Drugs as some are not in the IDPIG report. OI Drugs are left out as most are not in the report.
Incidences of cost overruns by dollar and percentage	$< \$10,000,$ $< 5\%$	In progress	0%	0%	0%	0%	No cost overruns in the year, where actual costs were below budgeted costs by 15 %
Costs per patient treatment reduced in the last 12 months	5%	-	-	-		7%	The cost per patient treatment reduced in the last 12 months by 7%
Unexpected/unforeseen requests responded to in a timely manner	>95%	75%	100%	100%	No requests received.	88%	A total of 8 unforeseen requests for drugs and bed nets were received of which 7 were responded to on time.
Percentage of facilities where monitoring visits were conducted by KP staff every quarter	75%	55%	54%	69%	68%	61%	The 61 percentage is the average for the four quarters for the facilities where monitoring visits were done
Percentage of data quality assessments passed	75%	-	68%	62%	59%	63%	The annual figure is an average of quarter 14,15 and 16

V. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

As in previous years, the project continues to work with other USAID-funded programs in areas of shared interest and scope. One example of this in Year 4 has been the project's work with AfyaInfo. AfyaInfo is a USAID-funded technical assistance project that is supporting the government to move toward a single, unified, and integrated national health information system (NHIS). The new system, District Health Information System II (DHIS2), will be the successor to the current DHIS. After reviewing the functionality of the e-SCM, the AfyaInfo team thinks that the e-SCM is strategically placed as an important channel in the flow of information from the facilities right up to the national level. Teams from Kenya Pharma and AfyaInfo met and agreed on the data sets that would be shared between the two systems and a working prototype is expected to be ready within the next quarter. The project also continues to invite and work with other USAID-funded projects and organizations, including MSH.

VI. PROGRESS ON LINKS WITH KENYAN GOVERNMENT AGENCIES

Kenya Pharma works with the Kenyan government in its day-to-day work. Key partners include NASCOP and KEMSA. Both agencies are invited to and participate in regular procurement and F&Q related meetings with the Kenya Pharma team. The project has also worked with NASCOP in the decentralization process and has assisted the agency with providing data, which is helping to determine which sites will become new ordering sites. As the transition of the project grows near, the project continues to work with KEMSA, as well as county level pharmacists, to identify needs and mentor staff on Kenya Pharma processes. Additionally, the project works with NQCL on quality analysis testing capacity through increased business, donations of laboratory equipment, and ongoing development of an LIMS.

VII. PROGRESS ON USAID FORWARD

Although unable to provide direct capacity building to local organizations, Kenya Pharma has been able to build the capacity of local organizations in a number of other ways. Local manufacturers are regularly inspected, and Kenya Pharma staff have been able to provide feedback, which the manufacturers have used to improve their own quality management systems. Local laboratories, NQCL and MEDS, have benefited through increased business which has allowed both to hire and retain staff. Donations to NQCL have meant that they have been able to train more staff on high-quality laboratory equipment, while development of an LIMS will improve the capacity of NQCL and MEDS. On the local level, Kenya Pharma field teams are in regular contact with SDPs on data quality and best practices in pharmaceutical storage.

VIII. SUSTAINABILITY AND EXIT STRATEGY

Kenya Pharma will end on July 5, 2014. As part of preparation for closeout, the project has developed a draft roadmap for transitioning the program to national institutions to guarantee sustainability of the work the project has been doing in ensuring commodity security for HIV/AIDS patients. In developing this roadmap, Kenya Pharma developed a matrix, organized by functional area, which highlights the project's key responsibilities in the national supply chain mechanism, identified a partner best suited to take up these responsibilities, identified potential gaps to a smooth transition, and suggested possible interventions to address the identified gaps. Kenya Pharma has also identified crosscutting challenges that may need to be addressed over and above the specifics in each function area. These include funding for ART commodities currently provided to patients through Kenya Pharma, supply chain oversight role at NASCOP, and warehousing capacity at KEMSA. In addition, the project is continually updating and improving templates and guidance documents in its QMS. These documents, which serve as a blueprint for the way Kenya Pharma has operated its supply chain, will be available to successor organizations at the end of the project.

Exhibit 10: Proposed Transition Partners for Kenya Pharma Activities

Task	Proposed Transition Partner(s)
1. Procurement planning	NASCOP/KEMSA
2. Funding cycle and emergency procurements (Kenya Pharma has been able to undertake gap filling mechanisms and stock share with KEMSA/NASCOP to avoid potential stock outs during such times when there are delays in release of funds).	NASCOP/KEMSA
3. Supply chain customer service	KEMSA
4. Order and reporting facilitation (KP field staff ensure the CCC staff understand the ordering mechanism, i.e. ordering and reporting tools, the e-SCM and the timelines. to prevent under-stocking or stockouts)	County pharmacists, district pharmacists, district pharmaceutical facilitators and DASCOS
5. Commodity data quality and reporting facilitation	County pharmacists, district pharmacists, district pharmaceutical facilitators and DASCOS
6. Supplier prequalification	KEMSA
7. Product selection	KEMSA (could be subcontracted to quality assurance labs or other parties)
8. Compliance with registration requirements during procurement process	KEMSA
9. Quality assurance testing and approval documentation:	KEMSA
10. Supplier audits to ensure GMP and GDP compliance	KEMSA
11. Post distribution surveillance and pharmacovigilance	KEMSA (in collaboration with PPB and NASCOP)
12. Disposal of expired, damaged or obsolete commodities	KEMSA/PPB
13. Management of the e-SCM.	NASCOP/KEMSA
14. In-bound shipments	KEMSA
15. Warehousing (Storage	KEMSA
16. Inventory Management	KEMSA
17. Outbound shipments (distribution):.	KEMSA
18. Forecasting commodities.	NASCOP/KEMSA
19. Quantification	NASCOP/KEMSA
20. Order management planning (Kenya Pharma undertakes order management planning at the end of every cycle to be able to determine available commodities going into the next distribution cycle. The order management planner produced from this exercise guides the order management team on standardized refill of orders to all facilities and provides standardized special communication messages to assist with smooth implementation.)	NASCOP/KEMSA
21. 2-pager TWG	NASCOP/KEMSA

IX. GLOBAL DEVELOPMENT ALLIANCE

This project is not a GDA activity.

X. SUBSEQUENT QUARTER'S WORK PLAN

The chart below contains information on activities the project carried out, or had planned to carry out in the previous quarter.

Planned Activities from Previous Quarter	Actual Status this Quarter	Explanations for Deviations
Annual stakeholders conference	Held in July 2013	N/A
Develop and review quarterly procurement forecasts	Stock analysis was done on monthly basis and procurement quantities were determined on quarterly basis	N/A
Host/Participate in NASCOP led 2 pager	Kenya Pharma participated in all the monthly technical working group (TWG) meetings and hosted the meeting once each quarter	N/A
Participate in monthly national commodity security meetings	Participated and gave input to the meetings every monthly	N/A
Update the Kenya Pharma stock tracker on a monthly basis	The tracker was updated on a monthly basis and circulated to procurement planning team (MSH, KEMSA and NASCOP)	N/A
Manage the tender and award process for procurements	17 RFPs floated, approved, awarded during the year	N/A
Conduct market research to monitor entry of new products	20 Market research conducted	N/A
Host suppliers conference	Scheduled for June/July 2013 October 2013 but was pushed forward to next year	Due to logistical challenges it was moved to Year 5
Undertake Joint GDP and GMP audits of suppliers	Kenya Pharma and KEMSA joint inspection of Cosmos Ltd on February 27-28th	N/A
Management and maintenance of Kenya Pharma's QMS procedures	All procedures were followed and all records saved in the QMS	N/A
Conduct internal and external of Kenya Pharma's QMS	Internal audit was conducted in May 11-24, 2013 while the external audit was conducted on July 16-17, 2013	N/A
Review current route plans of two consolidation in one month to one consolidate per route per month	A new routing system was developed and the once-monthly delivery per route system kicked off in July 2013	N/A
Convene monthly order management planning meeting	Order management meetings were conducted on monthly basis	N/A
Manage reverse logistics for disposal of expired damaged and obsolete goods	Reverse logistics for expired and damaged commodities were done in quarter 15	N/A
Conduct bi-annual physical count of commodity	Physical count was conducted on February and June 2013	N/A
Site mapping for better delivery accessibility	During the year e-SCM and field team mapped all the Kenya Pharma sites	N/A
Process and distribute orders to SDPs	Order processing and distribution were done on monthly basis	N/A
Undertake Joint order planning meeting between Kenya Pharma, NASCOP, KEMSA	Jointly order planning meetings have been held on a monthly basis	N/A
Maintain PPB registration certificates plus USFDA certificates for products procured	Copies of registration and retention certificates of all products procured by the project within the period are filed in the QMS	N/A
Maintain register of safety alerts, recalls, labeling changes and reported ADRs	An Adverse Drug Reaction (ADR) arising from non-film coated Tenolam tablets was raised in quarter 14	N/A
Conduct inspection and batch sampling for all products	All procured commodities were sampled and tested	N/A
Disposal of expired , damaged plus obsolete commodities	Disposal of expired and damaged pharmaceuticals was done on August 30, 2013	N/A
Conduct performance reviews of quality testing laboratories	Performance evaluation were conducted for NQCL and MEDS labs each quarter	N/A
Conduct post market Surveillance	Post Market surveillance was done on a quarterly basis	N/A
Facilitate the development of LIMS	Contracted Strathmore University to develop the LIMS	Development on-

Planned Activities from Previous Quarter	Actual Status this Quarter	Explanations for Deviations
		going
Conduct field team workshops	Conducted monthly meeting with regional managers & quarterly field team workshops	N/A
Enhance e-SCM	Developed new modules: field online reporting module, finance module, QA module (report ADRs), procurement module	N/A
Integrate e-SCM with DHIS 2 to HIS	Held meetings with AfyaInfo and have agreed on which data sets to share	In the process of working together to create a prototype
Prepare Year 4 PMP	Revised Year 3 PMP and implemented Year 4	N/A
Compile and submit project progress reports to USAID	Submitted quarterly and annual report (Year 3) to USAID	N/A
Strengthen data quality	Conducted quarterly RADQs, and field visits to monitor data quality at SDPs	N/A
Customer Satisfaction Surveys	Conducted one survey in July 2013	N/A

XI. FINANCIAL INFORMATION

This section includes information on unexpected expenditures, material changes in costs due to considerations outside of the control of the project, cost savings realized, and cost-savings plans as well as a cash flow report and financial projections.

Cash Flow Report and Financial Projections (Pipeline Burn-Rate)

Exhibit 11: Budget Details

T.E.C: \$550,344,662				
Cum Oblig: \$331,717,804				
Cum Expenditure: \$253,140,387				
Obligation	Actual Expenditures Thru 30-Sep-2013	1st Quarter Oct-Dec2013 Projected Expenditures	2nd Quarter Jan-Mar2014 Projected Expenditures	3rd Quarter Apr-Jun2014 Projected Expenditures
\$331,717,804	\$253,140,387	\$18,742,608	\$19,100,237	\$18,547,279
Salary and Wages	\$4,695,378	\$354,694	\$353,917	\$409,729
Fringe Benefits	\$2,116,992	\$206,165	\$99,025	\$159,866
Overhead	\$3,127,570	\$280,696	\$230,389	\$290,664
Travel & Transportation	\$947,512	\$72,006	\$66,575	\$111,992
Allowances	\$1,379,844	\$121,576	\$126,680	\$111,727
Other Direct Costs	\$1,913,603	\$161,776	\$140,584	\$208,889
Equipment & Supplies	\$373,373	\$7,647	\$0	\$0
Training	\$234,971	\$51,066	\$91,844	\$57,482
Subcontracts	\$16,828,983	\$1,350,771	\$1,207,159	\$740,503
G&A	\$732,220	\$65,501	\$56,556	\$68,544
Fixed Fee	\$503,401	\$43,438	\$37,506	\$45,456
Award Fee	\$664,753	\$228,635	\$0	\$228,636
Direct Purchase Costs	\$214,711,012	\$15,499,344	\$16,526,114	\$15,477,565
Other Procurement Costs	\$522,904	\$231,719	\$163,888	\$141,176
Subcontract Handling Fee	\$4,387,871	\$67,574	\$0	\$495,050

Budget Notes (Listed below are assumptions, major changes, estimations, or issues intended to provide a better understanding of the numbers)

Salary and Wages	The budgeted salary reflects a 7% incremental increase over the existing salary. We estimated 4.5 billable person-months for home-office services and support during the 3 upcoming quarters. We plan to use 20 person-days of short-term local professional LOE for data entry and data cleaning assistance to assist the e-SCM team. The M&E team plans to hire an external lead consultant for 10 person-days and 10 enumerators for 10 person-days each to conduct an external evaluation of the project before closeout. The operations team is also planning to hire a short-term consultant for 10 person-days of LOE to assist with configurations of the projects servers. Finally, the communications department expects to use 2 person-days of
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		LOE for a professional photographer to capture the project's work as well as 40 person-days of LOE for a short-term communications assistant.
	Fringe Benefits	Fringe benefits are constant ratios against all salaries and wages. They also include payments of local taxes and other local employees' benefits. Indirect fringe benefit rates are provided in the approved NICRA document.
	Overhead	Overhead charges are constant ratios against salaries and wages, plus fringe benefits. Rates are also provided in the approved NICRA document.
	Travel & Transportation	Travel expenses have been consistent, and are projected to escalate by 10%, not including the field staff relocation and expats' repatriation costs.
	Allowances	We have budgeted allowances according to the provisions and limitations of AIDAR 752.7028 and our established policies and procedures. We have budgeted for TQSA for both the COP and Finance Director at the end of their assignments as they will need to vacate their living quarters prior to returning to their homes of record.
	Other Direct Costs	The level of expenditures has so far been consistent. However, we have budgeted about KES 5M to cover closeout costs related to the offices (restoring, repainting, etc.). We also plan to hire an outside firm to conduct audits of both DHL and Phillips subcontracts prior to close out.
	Equipment and Supplies	In tandem with the project closeout, we have not budgeted any amount for computer hardware and software. However, we anticipate purchasing a couple of scanners to electronically safeguard documents.
	Training	We plan to host a variety of workshops that include the participation of many stakeholders in the supply chain arena and the majority of our own staff. Selected technical staff will participate in five external training events detailed in the work plan.
	Subcontracts	No new sub-grants have been made, all operate under prior approval.
	G&A	Calculated as per current NICRA.
	Fixed Fee	Calculated at 3.20% of total costs after G&A and excluding procurement costs.
	Award Fee	Calculated as per Award conditions.
	Direct Purchase Costs	We do not anticipate making commitments to purchase drugs after December 31, 2013. This is to allow warehouses to receive final deliveries before the closeout date.
	Other Procurement Costs	This section covers quality assurance (QA) costs only and rates are predetermined in NQCL, MEDS, and Vimta's subcontract agreements.
	Subcontract Handling Fee	We will bill about \$67K in October and retain 10% of total fee budgeted until end of the project.

Exhibit 12: New Sub-award Details

Total amount in the approved budget for sub-awards: \$28,963,222

Total amount sub-awarded to date: \$22,494,500

DO Title:
Name of Sub-awardee: MEDS Project Title: Kenya Pharma Agreement Performance Period: 1/1/2012 to 7/5/2014 Agreement Amount (Total Estimated Cost): \$250,000 Geographic Locations for Implementation: Nairobi, Kenya Project Description: Kenya Pharma PEPFAR HIV/AIDS prevention program

DO Title:
Name of Sub-awardee: Pamoja Project Title: Kenya Pharma Agreement Performance Period: 2/25/2012 to 9/30/2013 Agreement Amount (Total Estimated Cost): KES 2,401,200 Geographic Locations for Implementation: Nairobi, Kenya Project Description: Kenya Pharma PEPFAR HIV/AIDS prevention program

XII. PROJECT ADMINISTRATION

Constraints and Critical Issues

Looking ahead, the final quarters of the Kenya Pharma project will focus on the transition of specific supply chain activities with a variety of transition partners. For Kenya Pharma's departure from the scene to occur without supply chain disruptions, these partners should be undertaking roles now being handled by the project. These partners — KEMSA, NASCOP, and the counties — are generally dealing with their own transitions caused by the changes of the new constitution and other factors, which makes finding the time to work together particularly difficult.

Personnel

During the reporting period, the project's management team experienced very few changes. The e-SCM manager position underwent a staff change, but the e-SCM team did a professional job during the transition, the position was filled quickly, and the new manager has taken up the duties of the position quickly.

Changes in the Project

Although no major changes are expected, Kenya Pharma will be requesting a waiver for the 100 percent batch testing requirement for certain local manufacturers. The project has requested this in the past, which has helped to save on costs for QA testing and has improved analysis testing turnaround times.

Contract, Award, or Cooperative Agreement Modifications and Amendments

In the last award fee meeting in November 2012, the project and USAID discussed the adoption of a new award fee criteria table. USAID and Kenya Pharma agreed to the use of the table in the future, but no official modification has been issued.

XIII. Information for Annual Reports Only

A. Budget Disaggregated by County

Kenya Pharma does not collect financial information disaggregated by county.

B. Budget Disaggregated by Earmarks

	Obligation	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	Rule of Law and Human Rights				
	Good Governance				
	Political Competition and Consensus-Building				
	Civil Society				
	HIV/AIDS (USAID)	\$18,742,608	\$19,100,237	\$18,547,279	
	Tuberculosis				
	Malaria				
	MCH Water				
	MCH Polio				
	Other MCH				
	Family Planning and Reproductive Health				
	Water Supply and Sanitation				
	Nutrition				
	Basic Education				
	Agriculture				
	Inclusive Financial Markets				
	Policy Environment for Micro and Small Enterprises				
	Strengthen Microenterprise Productivity				
	GCC- Adaptation				
	GCC- Clean Energy				
	GCC- Sustainable Landscapes				
	Biodiversity				

C. Sub-awards

Partner Name	Sub-awardee Name	Start Date for This Sub-Awardee	End Date for This Sub-Awardee	Amount for This Sub-Awardee	Date Last Audit Conducted	Names of Counties of Implementation
Chemonics (Pharma) LLC	Phillips Healthcare Services Ltd	17-Jul-2009	5-Jul-2014	\$7,842,368		
	DHL Supply Chain (K) Ltd	12-Apr-2010	5-Jul-2014	\$13,340,000		
	Vimta Labs Limited	24-Feb-2010	5-Jul-2014	\$775,000		
	MEDS	1-Jan-2012	5-Jul-2014	\$250,000		
	NQCL	2-Jul-2013	5-Jul-2014	\$120,686		
	Pamoja	25-Feb-2012	30-Sep-2013	KES 2,401,200		
	Strathmore	1-Jul-2013	30-Jun-2014	KES 11,356,400		

D. GPS Information

GPS information has not been collected for this project.

E. Summary of non-U.S. Government Funding

The Kenya Pharma project does not receive non-U.S. Government funding.

F. Type of Accounting System Used During Reporting Period

Solomon accounting system is used by Chemonics' headquarters to prepare monthly invoices to the client. Another system developed by Chemonics, Abacus, is used in field offices. In addition to these two accounting packages, the Kenya Pharma field office has setup a database in Access to meet some contractual financial reporting requirements.

G. List of Deliverables

The Kenya Pharma project produced three required deliverables during Year 4 (in addition to this annual report). The deliverables below are included as attachments to this report:

- Quarter 15 Report
- Quarter 14 Report
- Quarter 13 Report

Annex I: Schedule of Future Events

This is a chronological list of significant events planned in the coming quarter that will contribute to accomplishment of the project's indicators, such as trainings, opening ceremonies, conferences, etc. This is not a place to list the project administration activities, i.e., hiring of staff.

Date	Location	Activity
November 2013	Nairobi	Suppliers' conference
October, November and December 2013	Eldoret, Nairobi, Kakamega	County level stakeholder meeting
October/November 2013	Homa Bay District Hospital (Nyanza) Kericho District Hospital (Rift Valley) Mariakani District Hospital (Coast) Nazareth Hospital (Central) Soweto Kayole (Nairobi)	Piloting of color-coded dispensing labels to 5 pilot sites
November/December 2013	Nairobi	Incineration of expired, damaged and obsolete commodities
April 2014	Nairobi	National stakeholders meeting
January and April 2014	Nairobi	Quarterly workshops

Annex II: List of Deliverable Products

The Kenya Pharma project produced three required deliverables during Year 4 (in addition to this Annual Report). The deliverables below are included as attachments to this report:

- Quarter 15 Report
- Quarter 14 Report
- Quarter 13 Report

Annex III: Number of Patients Served

Patients	Target	Quarter 13	Quarter 14	Quarter 15	Quarter 16	Year 4 Total
Total Patients	600,000					
ARV	360,000	344,858	352,563	351,829	355,591	355,591
OIS	750,000	498,562	678,101	731,795	753,356	753,356
PMTCT/Pregnant	71,550	26,288	17,554	27,785	27,331	98,958
PMTCT/Infants	71,500	22,745	18,837	26,275	26,680	94,537

Annex IV: Indicator Data

USAID PEPFAR Objective: Care and treatment of persons with HIV/AIDS in Kenya supported								
Project Objective: PEPFAR supply chain to provide commodities for care and treatment of persons with HIV/AIDS strengthened								
IR 1: Pharmaceutical procurement planning and management enhanced								
Sub IR 1.1 Forecasting, quantification and warehousing improved								
Indicator No.	Award Fee Indicators	Targets	Quarter 13	Quarter 14	Quarter 15	Quarter 16	2012-2013 Annual Figure	Comments
I.1.1a	Accuracy in forecasting	>85%	-	-	-	-	95.5%	This is an annual figure for accuracy in forecasting
I.1.1b	Accuracy in quantification	>85%	64%	55%	-	73%	64%	The annual figure is an average of quarters 13,14 and 16 figures
I.1.2	Percentage CO- approved subcontracts modified or cancelled during the year.	<10%	-	-	-	-	0%	No co approved subcontracts were modified in the year of a total 19 prepared and submitted to the CO.
I.1.3	Subcontract approval requests are complete, accurate and submitted on time.	Timeliness >95%	83%	0%	75%	100%	95%	In the year, a total 18 of 19 subcontracts were submitted 30 days after closure of RFP of which all were accurate and complete.
		Accuracy >95%	100%	100%	100%	100%	100%	
		Completeness >95%	100%	100%	100%	100%	100%	
I.1.4	Waiver requests prepared and accurate	>95%	80%	60%	73%	74%	74%	80 waivers were lodged in the year of which 4 were not received yet. A total 56 of the 76 were received within 21 days after being lodged. All were accurately prepared.
I.1.5	Procurements done in line with procurement SOPs	>98%	100%	100%	100%	100%	100%	All procurements done during the year adhered to Kenyan government and the U.S. government regulations
I.1.6	Commodities received in central warehouse within scheduled timeframe	>95%	70%	28.57%	83.33%	21%	52%	A total of 30 out of the 58 commodity shipments received were timely.
I.1.7	Wastage/loss/expiries during storage and handling.	<2%	0.008%	0.16%	4%	5.8%	2.6%	The annual figure was obtained as an average of the four quarters.
I.1.8	SDPs are adequately stocked according to recommended practices	>95%	100%	100%	100%	100%	100%	SDPs continued to receive their stock as ordered though the eSCM.

USAID PEPFAR Objective: Care and treatment of persons with HIV/AIDS in Kenya supported								
Project Objective: PEPFAR supply chain to provide commodities for care and treatment of persons with HIV/AIDS strengthened								
IR 1: Pharmaceutical procurement planning and management enhanced								
Sub IR 1.1 Forecasting, quantification and warehousing improved								
Indicator No.	Award Fee Indicators	Targets	Quarter 13	Quarter 14	Quarter 15	Quarter 16	2012-2013 Annual Figure	Comments
1.1.9	Semi-annual inventory audit conducted and reconciled with e-SCM records	Yes	Yes	-	Yes	-	Yes	Stock takes were carried out in February and June and records were reconciled with warehouse stock as well as the eSCM
1.1.10	Semi-annual inventory reports easily accessible and accurate.	Yes	Yes	-	Yes	-	Yes	All records are available through the warehousing system as well as the eSCM.
1.1.11	Average time taken to clear stock through customs	3 days JKIA	1.8 days	-	-	24 days	5.5 days	There were no air shipments in quarter 14 and 15. Major delays were experienced in quarter 16 and this was due to introduction of the RDL fee whose processes were not clear causing major delays.
		10 days MSA	5.67 days	9 days	6 days	15 Days	7.32 days	Introduction of the RDL fee led to most of the delays in clearance.
Sub. IR 1.2. Market research utilized in implementation								
Award Fee Indicators								
1.2.1	Market surveys conducted	4/year	12	3	4	1	20	A total 20 market surveys were conducted for drugs and other items through web and documentation reviews.
1.2.2	Approved commodity sources identified	>10/ year	7	32	31	6	44	During the year 6 new USAID preapproved suppliers were identified for various drugs.
Sub. IR 1.3: Stockouts eliminated and customer satisfaction improved								
Award Fee Indicators								
1.3.1	No PHARMA serviced health facilities experiencing OI drugs stock outs in the preceding 6 months	5%	0%	0%	0%	0%	0%	No stockouts in the SDPs attributable to F&Q. Kenya Pharma warehouse remained adequately stocked.
1.3.2	Quality rating on customer service satisfaction survey	Good	-	-	-	-	85.25%	The customer satisfaction survey was conducted between implementing partners, SDPs as well as the government employees such as DASCOS and PADSCOs.

USAID PEPFAR Objective: Care and treatment of persons with HIV/AIDS in Kenya supported								
Project Objective: PEPFAR supply chain to provide commodities for care and treatment of persons with HIV/AIDS strengthened								
IR 1: Pharmaceutical procurement planning and management enhanced								
Sub IR 1.1 Forecasting, quantification and warehousing improved								
Indicator No.	Award Fee Indicators	Targets	Quarter 13	Quarter 14	Quarter 15	Quarter 16	2012-2013 Annual Figure	Comments
1.3.3	Notification to USAID on potential problems identified and solved throughout the supply chain.	Yes	Yes	Yes	Yes	Yes	Yes	Potential problems related to Procurement,delivery,Quality Assurance,Storage, Collaboration and stock/ Consumption. The problems were Identified from the supply chain Areas and dealt with appropriately in collaboration with USAID
1.3.4	Percentage of health facilities that experience ARV stock outs in the last 3 months	<5%	0%	0%	0%	0%	0%	No stock outs experienced in the quarter attributable to F&Q .Kenya Pharma remained well stocked throughout the year. See stock status annex.
Sub. IR. 1.4: Shipments received within reasonable time at order sites								
Award Fee Indicators								
1.4.1	SDPs receiving shipments within 4 working days after anticipated delivery schedule.	>95%	100%	98.07%	100%	100%	99.5%	Despite the route consolidation exercise SDPs continued to receive their shipments within scheduled dates.
Supplemental Indicators								
1.4.2	Percentage of SDP orders received in central warehouse by scheduled timeframe	80%	78.3%	60%	71%	90%	75%	Most of the facilities continued to place their orders by the 10 th of every month throughout the year. This has been through continued mentorship by the field team as well Escm training.
1.4.3	Average time for delivery of stock to SDPs	4 days	2.10 days	2 days	1.97 days	2.26 Days	2.09 Days	The SDPs continued to receive on average within 2.09 days of scheduled dates.
IR 2: QA of Procured Commodities Improved								
Sub IR 2.1 QA Report is accurate and completed annually								
2.1.1	QA procedures adhering to SOPs	>98%	100%	100%	100%	100%	100%	QA procedures continued to follow the set standards thus ensuring quality and safe products
2.1.2	QA reports accurate and timely	>95% Accurately	100%	100%	100%	100%	100%	QA reports continued to be accurate 100%. All quality parameter were tested
		>85% Timely		MEDS -	MEDS -	MEDS-	MEDS-39 %	The annual figure is an average of quarters 14,15

USAID PEPFAR Objective: Care and treatment of persons with HIV/AIDS in Kenya supported								
Project Objective: PEPFAR supply chain to provide commodities for care and treatment of persons with HIV/AIDS strengthened								
IR 1: Pharmaceutical procurement planning and management enhanced								
Sub IR 1.1 Forecasting, quantification and warehousing improved								
Indicator No.	Award Fee Indicators	Targets	Quarter 13	Quarter 14	Quarter 15	Quarter 16	2012-2013 Annual Figure	Comments
				80% VIMTA – 0% NQCL – 0%	15% VIMTA - 7% NQCL - 36%	21.6% VIMTA-0% NQCL- 1.4%	VIMTA-2 % NQCL-13%	and 16 figures
2.1.3	Percent of randomly tested procured commodities that pass quality assurance testing /analysis	>95%	100%	100%	100%	100%	100%	All commodities randomly selected and tested passed.
SUB IR 2.2 Quality issues are handled properly								
2.2.1	QA problems identified by contractor	All	Yes	Yes	Yes	Yes	Yes	Six QA issues identified by the SDPs and other stakeholders were resolved while some are ongoing.
2.2.2	QA problems resolved by contractor, including recalls	Yes	Yes	None	Yes	Yes	Yes	No recalls were undertaken in the year. All QA issues identified were probed further and resolutions sought. Others are ongoing
2.2.3	Reasonable time taken to initiate and resolve any recalls	To notify- 5 days,	-	-	-	-	-	No recalls were undertaken in the Year
IR 3: Pharmaceutical prices decreased and other efficiencies achieved								
Sub. IR 3.1: Cost effectiveness and streamlining of operations achieved								
Award Fee Indicators								
3.1.1	Ratio between median price paid by contractor for each commodity in the last 12 months to the median international price	</ =	-	-	-		0.8	Kenya Pharma Prices remained 23% below international prices. The ratio compares Kenya Pharma ARV Prices to the IDPIG Prices as of 2011 and 2012 report. The ratio is however not inclusive of all the ARV Drugs as some are not in the IDPIG report. OI Drugs are left out as most are not in the report.

USAID PEPFAR Objective: Care and treatment of persons with HIV/AIDS in Kenya supported								
Project Objective: PEPFAR supply chain to provide commodities for care and treatment of persons with HIV/AIDS strengthened								
IR 1: Pharmaceutical procurement planning and management enhanced								
Sub IR 1.1 Forecasting, quantification and warehousing improved								
Indicator No.	Award Fee Indicators	Targets	Quarter 13	Quarter 14	Quarter 15	Quarter 16	2012-2013 Annual Figure	Comments
3.1.2	Innovations to maximize efficiency of supply chain	Yes	-	-	-	-	es	Year4 innovations included: One route consolidation. This is where order to the same distribution route were processed together and dispatched together so that distribution trucks do not have to visit the same region/route more than once in a month Online reporting by field staff. This innovation ensures that field based staff are able to report online through the eSCM as opposed to the paper reports they used to send previously.
3.1.3	Budget estimates and projections reasonable and justifiable	Exceptional	Good	Poor	Good	Fair	Good	The management cost was higher than the procurement cost, but the budget estimates and projections Were reasonable and justifiable.
3.1.4	Incidences of cost overruns by dollar and percentage	<\$10,000, <5%	In progress	0%	0%	0%	0%	No cost overruns in the Year, where actual cost were below budgeted costs by 15 %
3.1.5	Effective cost control mechanisms introduced, including percent cost savings reported	Superlative	Superlative	Superlative	poor	Superlative	Superlative	There was 37% cost saving in the year
3.1.6	Percent disallowable costs and by dollar value	<2%,	0%	0%	0%	0%	0%	No disallowed costs in the year.
Supplemental Indicators								
3.1.7	Inbound and outbound shipping costs kept stable in the last 12 months	<2%	-	-	-	-	Inbound (1.19%) Outbound (-2.93%)	The variance for outbound and inbound costs remained below 2% indicating a stability in costs

USAID PEPFAR Objective: Care and treatment of persons with HIV/AIDS in Kenya supported								
Project Objective: PEPFAR supply chain to provide commodities for care and treatment of persons with HIV/AIDS strengthened								
IR 1: Pharmaceutical procurement planning and management enhanced								
Sub IR 1.1 Forecasting, quantification and warehousing improved								
Indicator No.	Award Fee Indicators	Targets	Quarter 13	Quarter 14	Quarter 15	Quarter 16	2012-2013 Annual Figure	Comments
3.1.8	Costs per patient treatment reduced in the last 12 months	5%	-	-	-		7%	The cost per patient treatment reduced in the last 12 months by 7%
IR 4: Collaboration with stakeholders improved								
Sub IR 4.1: Coordination with donors, foundations, Kenyan government, etc. strengthened								
Award Fee Indicators								
4.1.1	Feedback from key stakeholders on project collaboration	Excellent	-	-	-	-	Excellent	An overall rating of 85% was achieved in the customer satisfaction survey administered to implementing partners, Kenyan government stakeholders as well as SDPs.
4.1.2	Unexpected/unforeseen requests responded to in a timely manner	>95%	75%	100%	100%	No requests received.	88%	A total of eight unforeseen requests for drugs and bed nets were received of which seven were responded to on time.
IR 5: Program Reporting Improved								
Sub IR 5.1: Data quality, accuracy and readability improved								
Award Fee Indicators								
5.1.1	Functionality of the electronic supply chain management system(e-SCM)	Good	-	-	-	-	Excellent	An overall rating of 81% was achieved in the customer satisfaction survey administered to implementing partners, Kenyan government stakeholders as well as SDPs.
5.1.2	Branding and implementation plan applied consistently	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Branding and marking of all products produced by Kenya Pharma followed the branding guidelines.
5.1.3	Environmental compliance inspections conducted and reports available	Satisfactory	-	-	-	Satisfactory	Satisfactory	Expiries that happened in the year were environmental incinerated with all relevant Kenyan government permits being obtained.
5.1.4	Financial, quarterly and annual reports completed and submitted on time	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory	All quarterly reports submitted within a month after end of reporting period.

USAID PEPFAR Objective: Care and treatment of persons with HIV/AIDS in Kenya supported								
Project Objective: PEPFAR supply chain to provide commodities for care and treatment of persons with HIV/AIDS strengthened								
IR 1: Pharmaceutical procurement planning and management enhanced								
Sub IR 1.1 Forecasting, quantification and warehousing improved								
Indicator No.	Award Fee Indicators	Targets	Quarter 13	Quarter 14	Quarter 15	Quarter 16	2012-2013 Annual Figure	Comments
Supplemental Indicators								
5.1.5	Percentage of facilities where monitoring visits were conducted by KP staff every quarter	75%	55%	54%	69%	68%	61%	The 61 percentage is the average for the four quarters for the facilities where monitoring visits were done.
5.1.6	Percentage of data quality assessments passed	75%	-	68%	62%	59%	63%	The annual figure is an average of quarter 14, 15, and 16.

Annex V: Market Research Report

No.	Reference RFP No	Date Market Survey Completed	Nature of Survey	Key Results on Market Price Monitoring and Target New Drug and Registrations, Regulations, and Standards, e.g., Guidelines Change
Qtr 13	KPP/21/12	26th October 2012	ARV	
	KPP/22/12	26th October 2012	OI	
	KPP/23/12	26th October 2012	Dispensing Envelopes	
	KPP/24/12	—	ARV	RFP Not floated as NASCOP advised that procurement of this Pead commodity required will be done by an alternate supply chain
	KPP/25/12	2nd November 2012	Long Lasting Insecticide Treated Nets (LLINs)	One off procurement of treated bed nets for the Basis Care HIV Package
	KPP/26/12	30th November 2012	ARV (3TC)	Product to be procured from local suppliers as required in small quantities for a targeted group of patients
	KPP/27/12	18th January 2013	ARV	
	KPP/28/12	18th January 2013	OI	
	KPP/29/12	18th January 2013	Dispensing Envelopes	
	KPP/30/12	18th January 2013	OI (TB-GDF)	
	KPP/31/12	18th January 2013	OI (TB-Rifabutin)	
	KPP/32/12	18th January 2013	ARV (TDF & 3TC)	Products to be procured from local suppliers as required in small quantities for a targeted group of patients
Qtr 14	KPP/01/13	28th March 2013	ARV	
	KPP/02/13	28th March 2013	OI	
	KPP/03/13	28th March 2013	Dispensing Envelopes	
Qtr 15	KPP/04/13	5th April 2013	Long Lasting Insecticide Treated Nets (LLINs)	Procurement of treated bed nets for the Basis Care HIV Package - Phase II
	KPP/05/13	22nd April 2013	Sterile Test Isolator (Laboratory Equipment)	Laboratory equipment to support NQCL
	KPP/06/13	10th June 2013	ARVs	Quantity of TLE increased in this tender as uptake is anticipated to increase due to revised guidelines and implementation of Option B+. Anticipating to have two additional suppliers for the TLE
	KPP/07/13	11th & 18th June 2013	Collapsible Water Containers	Procurement under instruction from USAID; Website research undertaken and two referrals from USAID from SCMS who were previously procuring
Qtr 16	KPP/08/13	1st October 2013	ARV	Procurement of Atazanavir 300mg/ Ritonavir 100mg film coated, fixed dose combination Tablet, 30's, Only 1 eligible supplier, hence a sole source procurement

Annex VI: Distribution Report - October 2012-September 2013

Product Name	Quantity Distributed (in packs)	Value in U.S. \$
ARVs		
ABACAVIR 300MG TABLETS, 60'S	103,312.00	1,321,647.22
ABACAVIR/LAMIVUDINE 60/30MG TABLETS 60'S	346,361	1,641,468.42
EFAVIRENZ 200MG TABLETS 90'S	49192	457,699.14
EFAVIRENZ 600MG TABLETS 30'S	571,700	2,334,281.30
LAMIVUDINE 150MG TABLETS 60'S	99,350	209,260.40
LAMIVUDINE ORAL SOLUTION 240ML	41.00	525.90
LAMIVUDINE/ZIDOVUDINE 150MG/300MG TABLETS 60'S	529,650	4,072,059.55
LAMIVUDINE/ZIDOVUDINE 30MG/60MG TABLETS 60'S	61,957	204,156.31
LAMIVUDINE/ZIDOVUDINE/NEVIRAPINE 150/300/200MG TABLETS 60'S	1,307,151	12,044,113.90
LAMIVUDINE/ZIDOVUDINE/NEVIRAPINE TABLETS 30/60/50MG 60'S	156,824	659,131.67
LOPINAVIR/RITONAVIR 200MG/50MG TABLETS 120'S	313,411	9,478,043.88
LOPINAVIR/RITONAVIR ORAL SOLUTION 5X60ML	6,188	197,478.08
NEVIRAPINE 200MG TABLETS 60'S	1,238,660	3,146,110.07
NEVIRAPINE ORAL SUSPENSION 100ML	259	1190.28
NEVIRAPINE ORAL SUSPENSION 240ML	122,971	240,645.95
RITONAVIR ORAL SOLUTION, 90ML	690	5,663.58
STAVUDINE/LAMIVUDINE 30MG/150MG TABLETS 60'S	125,466	380,539.07
STAVUDINE/LAMIVUDINE/NEVIRAPINE 30MG/150MG/200MG TABS 60'S	605,500	2,717,011.37
TENOFOVIR 300MG TABLETS 30'S	187	3655.08
TENOFOVIR/LAMIVUDINE 300MG/300MG TABLETS 30'S	999,748	7,484,859.85
TENOFOVIR/LAMIVUDINE/EFAVIRENZ 300/300/600MG TABLETS 30'S	1,269,259	16,862,201.74
ZIDOVUDINE 300MG TABLETS 60'S	251,814	1,644,696.56
ZIDOVUDINE ORAL SOLUTION 240ML	985	1,723.75
OIs		
ACYCLOVIR 200MG TABLETS 30'S	25,642	25,047.46
ACYCLOVIR 400MG TABLETS 10'S	35,973	17986.50
ACYCLOVIR 400MG TABLETS 30'S	5,000	8,000.00
AMPHOTERICIN B 50MG INJECTION 1'S	10,891	56,811.69
COTRIMOXAZOLE 240MG/5ML SUSPENSION 100ML	1,066,408	337,397.51
COTRIMOXAZOLE 480MG TABLETS 1000'S	1,018	9,564.10
COTRIMOXAZOLE 960MG TABLETS 500'S	35	295.34
COTRIMOXAZOLE 960MG TABLETS 100'S	2,704,897	5,266,197.95
DAPSONE 100MG TABLETS 1000'S	5,256	6,1620.52
FLUCONAZOLE 200MG TABLETS 100'S	43,753	272,734.44
FLUCONAZOLE IV INFUSION 2MG/ML, 100ML	1,460	686.20
MULTIVITAMIN TABLETS 1000'S	4	17.6
PYRIDOXINE 50MG TABLETS 100'S	57,449	47268.86
NYSTATIN ORAL DROPS 30MLS	46,713	16,310.70
Anti-TBs		
ETHAMBUTOL 400MG TABLETS 100'S	1,228	7,402.79
ISONIAZID 100MG TABLETS 100'S	4,422	4,976.38

Product Name	Quantity Distributed (in packs)	Value in U.S. \$
ISONIAZID 300MG TABLETS 100'S	31,123	87,184.80
PARA AMINO SALICYLIC ACID 4GMS SACHET 30'S	106	4,876.00
PYRAZINAMIDE 500MG TABLETS 100'S	962	3704.37
RIFABUTIN 150MG CAPSULES 30'S	1,405	41,085.68
CYCLOSERINE 250MG CAPSULES 100'S	1,068	63,108.12
LEVOFLOXACIN 250MG TABLETS 100'S	270	1,485.00
LEVOFLOXACIN 500MG TABLETS 100'S	540	4,185.00
PROTHIONAMIDE 250MG TABLETS 100'S	1,080	15,681.60
Second-Line Anti-TBs		
CYCLOSERINE 250MG CAPSULES 100'S	1,080	63,817.20
KANAMYCIN 1G/4ML INJECTION 10'S	2,592	66,873.60
CAPREOMYCIN 1G POWDER FOR INJECTION 1'S	2,880	16,272.00
LEVOFLOXACIN 250MG TABLETS 100'S	270	1,485.00
LEVOFLOXACIN 250MG TABLETS 100'S	540	4,185.00
PROTHIONAMIDE 250MG TABLETS 100'S	1,080	15,681.60
PARA AMINO SALICYLIC ACID 4GMS SACHET 30'S	120	5,520.00
VMMC Drugs		
AMPICILLIN/CLOXACILLIN 500MG CAPSULES 100'S	180	648.00
ERYTHROMYCIN 500MG TABLETS 100'S	1,668	17,847.60
IBUPROFEN 400MG TABLETS 100'S	600	660.00
PARACETAMOL 500MG TABLETS 100'S	11,000	7700
CEFTRIAXONE INJECTION 1G VIAL	600	84,270
METRONIDAZOLE 400MG TABLETS, 1000'S	7	50.40
ACYCLOVIR CREAM 5% 1'S	500	500
DOXYCLYCLINE 100MG CAPSULES 1000'S	7	95.20
NORFLOXACIN 400MG TABLETS, 100'S	60	115.80
Others		
DISPENSING ENVELOPES 1000'S	12,229	39,322.25
Total Value in U.S. \$		71,786,835.33

Annex VII: Summary of Laboratory Analysis Results

Product Name	Active Ingredient	Manufacturer	Tests Performed	No. of Batches Analyzed	No. of Batches Complied With Test Parameters	Pass Rate	Remarks
OI Drugs							
Isoniazid 300mg Tablets	Isoniazid 300mg Tablets	Cosmos	Full monograph	1	1	100	
Sulfran DS	Cotrimoxazole 960mg tabs	Universal corp ltd	Full monograph	115	115	100	
Susp.co-trimoxazole	susp.co-trimoxazole 240mg/5ml	Universal corp ltd	Full monograph	4	4	100	
Susp.co-trimoxazole	susp.co-trimoxazole 240mg/5ml	Cosmos	Full monograph	4	4	100	
Sulfran DS	Cotrimoxazole 960mg tabs	Cosmos	Full monograph	12	12	100	
Pyridoxine tablets	Pyridoxine 50mg tablets	Cosmos	Full monograph	7	7	100	
Fluconazole tablets	Fluconazole 200mg tablet	Cosmos	Full monograph	5	5	100	
Amphotericin B Inj	Amphotericin B Inj 50mg	Cipla Ltd	Full monograph	1	1	100	
Amphotericin B Inj	Amphotericin B Inj 50mg	Bharat serum	Full monograph	1	1	100	
ARVs							
Lopinavir/Ritonavir	Abbott GmbH & Co. Ltd /Ritonavir/200/50mg	Abbott GmbH & CO.ltd	Full monograph	2	2	100	
Lamivudine+Zidovudine tabs	Lamivudine 150mg+ Zidovudine 300mg tabs	Hetero labs ltd	Full monograph	8	8	100	
Lamivudine+Zidovudine tabs	Lamivudine 150mg+ Zidovudine 300mg tabs	Mylan labs	Full monograph	1	1	100	
Lam/Nev/stav Tablets	Lam/Nev/stav Tablets 150/200/30mg	Hetero labs ltd	Full monograph	3	3	100	
Lam/Nev/stav Tablets	Lam/Nev/stav Tablets 150/200/30mg	Strides	Full monograph	1	1	100	
Lamivudine + Stavudine tabs	Lamivudine 150mg + Stavudine 30mg tabs	Macleods	Full monograph	1	1	100	
Lamivudine + Stavudine tabs	Lamivudine 150mg + Stavudine 30mg tabs	Hetero labs ltd	Full monograph	1	1	100	
Abacavir tablets	Abacavir 300mg tablets	Aurobindo	Full monograph	3	3	100	
Efavirenz 600mg tabs	Efavirenz 600mg tabs	Strides	Full monograph	2	2	100	
Efavirenz tabs	Efavirenz 600mg tabs	Aurobindo	Full monograph	4	4	100	
Lamiv + zidovudine tabs	Lamiv 30mg + zidovudine 60mg	Mylan labs	Full monograph	2	2	100	
Lamiv + zidovudine tabs	Lamiv 30mg + zidovudine 60mg	Aurobindo	Full monograph	2	2	100	
Nevirapine Tablets	Nevirapine Tablets 200mg	Hetero labs ltd	Full monograph	5	5	100	
Nevirapine Tablets	Nevirapine Tablets 200mg	Aurobindo	Full monograph	14	14	100	

Product Name	Active Ingredient	Manufacturer	Tests Performed	No. of Batches Analyzed	No. of Batches Complied With Test Parameters	Pass Rate	Remarks
Nevirapine Tablets	Nevirapine Tablets 200mg	Strides	Full monograph	3	3	100	
Zidovudine tablets	Zidovudine 300mg tablets	Aurobindo	Full monograph	3	3	100	
Lopinavir/Ritonavi Tablets	Lopinavir/Ritonavir (200/50 mg) Tablets	Aurobindo	Full monograph	4	4	100	
Lamivudine/Zidovudine/Nevirapine Tablets	Lamivudine/Zidovudine/Nevirapine Tablets /150/300/200 Mg, 60's	Hetero Labs Limited	Full monograph	17	17	100	
Lamivudine/Zidovudine/Nevirapine Tablets	Lamivudine/Zidovudine/Nevirapine Tablets /150/300/200 Mg, 60's	Cipla Ltd	Full monograph	2	2	100	
Lamivudine/Zidovudine/Nevirapine Tablets	Lamivudine/Zidovudine/Nevirapine Tablets /150/300/200 Mg, 60's	Aurobindo	Full monograph	2	2	100	
Lamivudine/Zidovudine /Nevirapine Tablets	Lamivudine/Zidovudine /Nevirapine Tablets /150/300/200 Mg, 60's	Mylan Lab.Ltd	Full monograph	2	2	100	
Nevirapine Oral suspension	Nevirapine Oral suspension 50mg/5ml	Aurobindo	Full monograph	5	5	100	
Tenofovir DF/Lamivudine/Efavirenz Tablets	Tenofovir DF/ Lamivudine/Efavirenz 300/300/600 mg	Mylan Lab.Ltd	Full monograph	12	12	100	
Lopinavir/Ritonavir Tablets	Lopinavir/Ritonavir (200/50 mg) Tablets	Aurobindo	Full monograph	6	6	100	
Lopinavir/Ritonavir Tablets	Lopinavir/Ritonavir (200/50 mg) Tablets	Mylan Lab.Ltd	Full monograph	3	3	100	
Tenofovir DF/Lamivudine Tablets	Tenofovir DF/Lamivudine 300/300mg	Aurobindo	Full monograph	16	16	100	
Abacavir Sulfate/Lamivudine Tablets 60/30mg	Abacavir Sulfate/Lamivudine Tablets 60/30mg	Cipla Ltd	Full monograph	9	9	100	
Lamivudine/Zidovudine Tablets	Lamivudine/Zidovudine Tablets 150mg/300mg 60's	Hetero Labs Limited	Full monograph	6	6	100	

Summary of Product Analysis Results by Company

Company	No. of Products Analyzed	No. of Products That Complied With Test Parameters	Pass Rate
Universal	2	2	100
Cosmos	5	5	100
Aurobindo	10	10	100
Hetero labs ltd	6	6	100
Mylan Lab.Ltd	5	5	100
Strides	3	3	100
Macleod	1	1	100

Company	No. of Products Analyzed	No. of Products That Complied With Test Parameters	Pass Rate
Cipla	3	3	100
Abbott GmbH & CO.ltd	1	1	100
Bharat serum	1	1	100
Total	37	37	100

Annex VIII: Expiry Report

Product	Batch Number	Expiry Date	Quantity	Unit Cost (U.S. \$)	Total Cost (U.S. \$)
LAMIVUDINE/ZIDOVUDINE 150 /300 MG TABLETS	I053000	1-Nov-12	5	8.25	41.25
NEVIRAPINE 200MG TABLETS	NVSA11001-A	1/12/2012	10	2.59	25.9
LAMIVUDINE/STAVUDINE 150MG/30MG TABLETS 60'S	E110097	1-Dec-12	1	3.12	3.12
NYSTATIN ORAL DROPS 30ML	010044	01/02/2013	23,337	0.35	8,167.95
NYSTATIN ORAL DROPS 30ML	010045	01/02/2013	14,300	0.35	5,005.00
RITONAVIR ORAL SOLUTION 90ML	6030150	01/03/2013	6	8.22	49.32
EFAVIRENZ 600MG TABLETS 30'S	E110553	01/03/2013	201.00	3.89	781.89
EFAVIRENZ 600MG TABLETS 30'S	E110485	01/03/2013	1.00	3.89	3.89
EFAVIRENZ 600MG TABLETS 30'S	E110430-A	01/03/2013	1.00	3.89	3.89
STAVUDINE/LAMIVUDINE 30MG/150MG TABLETS 60'S	G14783	01/05/2013	10,880.00	3.15	34,272.00
STAVUDINE/LAMIVUDINE 30MG/150MG TABLETS 60'S	G14784	01/05/2013	10,879.00	3.15	34,268.85
STAVUDINE/LAMIVUDINE 30MG/150MG TABLETS 60'S	G14785	01/05/2013	10,720.00	3.15	33,768.00
STAVUDINE/LAMIVUDINE 30MG/150MG TABLETS 60'S	G14786	01/05/2013	10,880.00	3.15	34,272.00
STAVUDINE/LAMIVUDINE 30MG/150MG TABLETS 60'S	G14787	01/05/2013	4,916.00	3.15	15,485.40
STAVUDINE/LAMIVUDINE 30MG/150MG TABLETS 60'S	G14781	01/05/2013	293.00	3.15	922.95
STAVUDINE/LAMIVUDINE 30MG/150MG TABLETS 60'S	G14782	01/05/2013	10,859.00	3.15	34,205.85
STAVUDINE/LAMIVUDINE/NEVIRAPINE 30/150/200MG TABLETS 60'S	E110811	01/05/2013	38,291.00	4.84	185,328.44
STAVUDINE/LAMIVUDINE/NEVIRAPINE 30/150/200MG TABLETS 60'S	E110812	01/05/2013	47,304.00	4.84	228,951.36
RITONAVIR ORAL SOLUTION 90ML	6031580	1/5/2013	1	8.22	8.22
TENOFOVIR/LAMIVUDINE 300/300 MG TABLETS	I071223	1/6/2013	2	6.50	13
STAVUDINE/LAMIVUDINE/NEVIRAPINE 30/150/200MG TABLETS 60'S	E110844	1/6/2013	26231	4.84	126,958.04
NYSTATIN ORAL DROPS 30 ML	010288	1/6/2013	25913	0.35	9,069.55
STAVUDINE/LAMIVUDINE/NEVIRAPINE 30MG/150MG/200MG TABS 60'S	7214774	01/08/2013	12,847.00	4.32	55,499.04
STAVUDINE/LAMIVUDINE/NEVIRAPINE 30MG/150MG/200MG TABS 60'S	7214854	01/08/2013	15,805.00	4.32	68,277.6

Product	Batch Number	Expiry Date	Quantity	Unit Cost (U.S. \$)	Total Cost (U.S. \$)
STAVUDINE/LAMIVUDINE/NEVIRAPIN E 30MG/150MG/200MG TABS 60'S	7214855	01/08/2013	15,815.00	4.32	68,320.8
STAVUDINE/LAMIVUDINE/NEVIRAPIN E 30MG/150MG/200MG TABS 60'S	7214856	01/08/2013	15,825.00	4.32	6,8364
STAVUDINE/LAMIVUDINE/NEVIRAPIN E 30MG/150MG/200MG TABS 60'S	7214857	01/08/2013	15,835.00	4.32	68,407.2
STAVUDINE/LAMIVUDINE/NEVIRAPIN E 30MG/150MG/200MG TABS 60'S	7214858	01/08/2013	15,815.00	4.32	68,320.8
STAVUDINE/LAMIVUDINE/NEVIRAPIN E 30MG/150MG/200MG TABS 60'S	7214859	01/08/2013	15,820.00	4.32	68,342.4
STAVUDINE/LAMIVUDINE/NEVIRAPIN E 30MG/150MG/200MG TABS 60'S	7214860	01/08/2013	15,820.00	4.32	68,342.4
STAVUDINE/LAMIVUDINE/NEVIRAPIN E 30MG/150MG/200MG TABS 60'S	7214861	01/08/2013	15,825.00	4.32	68,364
STAVUDINE/LAMIVUDINE/NEVIRAPIN E 30MG/150MG/200MG TABS 60'S	7214862	01/08/2013	15,965.00	4.32	68,968.8
STAVUDINE/LAMIVUDINE/NEVIRAPIN E 30MG/150MG/200MG TABS 60'S	7214863	01/08/2013	15,962.00	4.32	68,955.84
STAVUDINE/LAMIVUDINE/NEVIRAPIN E 30MG/150MG/200MG TABS 60'S	7214864	01/08/2013	15,968.00	4.32	68,981.76
STAVUDINE/LAMIVUDINE/NEVIRAPIN E 30MG/150MG/200MG TABS 60'S	7214865	01/08/2013	15,990.00	4.32	69,076.8
STAVUDINE/LAMIVUDINE 30/150 MG TABLETS 60'S	ELB9118A	01/09/2013	4696	2.36	11,082.56
STAVUDINE/LAMIVUDINE 30/150 MG TABLETS 60'S	ELB9119A	01/09/2013	14,624.00	2.36	34,512.64
STAVUDINE/LAMIVUDINE 30/150 MG TABLETS 60'S	ELB9120A	01/09/2013	15,025.00	2.36	35,459
STAVUDINE/LAMIVUDINE 30/150 MG TABLETS 60'S	ELB9121A	01/09/2013	15,040.00	2.36	35,494.4
STAVUDINE/LAMIVUDINE 30/150 MG TABLETS 60'S	ELB9122A	01/09/2013	15,040.00	2.36	35,494.4
STAVUDINE/LAMIVUDINE 30/150 MG TABLETS 60'S	ELB9123A	01/09/2013	15,050.00	2.36	35,518
STAVUDINE/LAMIVUDINE 30/150 MG TABLETS 60'S	ELB9124A	01/09/2013	15,050.00	2.36	35,518
STAVUDINE/LAMIVUDINE 30/150 MG TABLETS 60'S	ELB9125A	01/09/2013	15,052.00	2.36	35,522.72
STAVUDINE/LAMIVUDINE 30/150 MG TABLETS 60'S	ELB9126A	01/09/2013	14,670.00	2.36	34,621.2
Total					1,923,050.23

Central Warehouse Damaged Goods

Product	Batch No.	Damage Date	Expiry Date	Quantity	Unit Cost (U.S. \$)	Total Cost (U.S. \$)
CYCLOSERINE 250MG CAPS 100'S	ECB5254-A	October 2012	01/03/14	2	59.09	118.18
TENOLAM/EFV 300/300/600 MG TABS	3000065	October 2012	01/06/14	2	14.10	267.90
	1109588		01/04/14	6		
	3000066		01/04/14	11		
LOPINAVIR/RITONAVIR 200/50 MG	1111439	October 2012	01/05/14	1	30.50	488.00
	3000087		01/06/14	4		
	3000211		01/06/14	3		
	1111440		01/05/14	3		
	1111649		01/05/14	2		
	1111438		01/05/14	3		
ABACAVIR/LAMIVUDINE 60/30 MG	K20937	October 2012	01/07/14	3	7.00	721.00
	K20939		01/08/14	5		
	K20920		01/07/14	14		
	K20918		01/07/14	19		
	K20919		01/07/14	8		
	K20921		01/07/14	21		
	K20936		01/07/14	13		
	K20938		01/07/14	20		
ABACAVIR/LAMIVUDINE 60/30MG TABS	K20331	November 2012	01/02/14	1	7.00	7.00
NEVIRAPINE 200 TABLETS	E120987	November 2012	01/06/15	1	2.32	2.32
LAMIVUDINE/ZIDOVUDINE 30/60MG TABS	3000044	November 2012	01/06/14	20	2.01	40.20
LAMIVUDINE/NEVIRAPINE/ZIDOVUDINE 30/50/60MG TABLETS	3001720	November 2012	01/08/14	12	4.15	62.25
	3001723		01/08/14	3		
LAMIVUDINE/ZIDOVUDINE 150/300 MG	E121310		01/08/14	1	7.40	7.40
TENOFOVIR/LAMIVUDINE 300/300 MG	LTSA12048-A	DECEMBER 2012	01/07/14	3	5.25	15.75
LAMIVUDINE/ZIDOVUDINE 150/300 MG	ZA1512131-A		01/08/14	1	9.42	9.42
TENOFOVIR/LAMIVUDINE/EFVIRENZA 300/300 /600MG	3003100	DECEMBER 2012	01/08/14	1	14.10	141.00
	3002385		01/08/14	8		
	3003220		01/09/14	1		
TENOFOVIR/LAMIVUDINE 300/300 MG	LTSA12058-A	Jan-13	01/09/14	2	5.25	10.50
LOPINAVIR/RITONAVIR 200/50 MG	3002584	Jan-13	01/09/14	2	30.40	91.20
	3002586		01/09/14	1		
TENOFOVIR/LAMIVUDINE 300/300 MG	LTSA12058-A	Jan-13	01/09/14	1	5.25	5.25

Product	Batch No.	Damage Date	Expiry Date	Quantity	Unit Cost (U.S. \$)	Total Cost (U.S. \$)
TENOFOVIR/LAMIVUDINE/EFAVIRENZ 300/300 /600MG	3004167	Jan-13	01/10/14	5	14.10	70.50
ABACAVIR/LAMIVUDINE 60/30MG TABLETS	K20921	Feb-13	01/07/14	2	6.00	12.00
COTRIMOXAZOLE 240MG/5ML SUSP 100ML	21353	Feb-13	01/09/15	1	0.35	0.35
ACYCLOVIR 200MG TABLETS 30'S	10498	Feb-13	01/12/13	3	0.87	2.61
LOPINAVIR/RITONAVIR ORAL SOLUTION	6027740	Feb-13	01/7/2014	13	30.82	462.3
	6027814		01/7/2014	2		
TENOFOVIR/LAMIVUDINE/EFAVIRENZ 300/300 /600MG	3003043	March 2013	01/09/14	45	5.25	236.25
ABACAVIR/LAMIVUDINE 60/30MG TABLETS	K20938	March 2013	01/07/15	2	6.00	12.00
TENOFOVIR/LAMIVUDINE/EFAVIRENZ 300/300 /600MG	3003219	March 2013	01/09/14	1	14.10	14.10
COTRIMOXAZOLE 960 MG 100'S TABLETS	11160	March 2013	01/03/16	1	1.90	1.90
COTRIMOXAZOLE 960 MG 100'S TABLETS	11247	Apr-13	01/09/14	1	1.90	1.90
COTRIMOXAZOLE 960 MG 500'S TABLETS	CMCG029	Apr-13		1	8.22	8.22
COTRIMOXAZOLE 960 MG 500'S TABLETS	120249			1	6.60	6.6
TENOFOVIR/LAMIVUDINE 300/300 MG	LTSA12048-A	Apr-13	01/07/14	1	5.25	5.25
TENOFOVIR/LAMIVUDINE/EFAVIRENZ 300/300 /600MG	3009003	May-13	1/1/2015	1	14.10	14.10
LAMIVUDINE/NEVIRAPINE/ZIDOVUDINE 30/50/60 MG	1111256	May-13	1/5/2015	19	4.15	257.30
	1111255		1/5/2015	19		
	1111252		1/5/2015	6		
	1105954		1/4/2015	5		
	1111254		1/5/2015	13		
ABACAVIR/LAMIVUDINE 60/30MG TABLETS	3003140	May-13	01/09/14	2	3.06	6.12
LAMIVUDINE/ZIDOVUDINE 30/60 MG	3006077	May-13	01/11/14	2	2.01	4.02
COTRIMOXAZOLE 960MG 100'S	11185	Jun-13		1	1.90	1.9
TENOFOVIR/LAMIVUDINE 300/300 MG TABLETS	LTSA12065-A	Jun-13		4	5.25	21
COTRIMOXAZOLE TABLETS 960MG	320019	Jul-13		1	1.9	1.9
Total						3,127.69

Annex IX: Procurement Report

GAR No.	GAR Date	Order No.	Product(s)	Quantity	Unit Price (U.S. \$)
October to December 2012					
856	10/15/2012	KPP/11/12-AUR(C)	Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	160,070	8.5
857	10/15/2012	KPP/11/12-AUR (D)	Efavirenz 600mg Tabs 30's	94,783	3.35
858	10/15/2012	KPP/11/12-AUR (E)	Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	201,231	8.5
859	10/15/2012	KPP/11/12(B)-AUR (B)	Tenofovir/Lamivudine 300/300mg Tabs 30's	27,660	4.85
861	10/16/2012	KPP/11/12-ABL (A)	Lopinavir/Ritonavir 200mg/50mg Tabs 120's	49,994	24.25
866			Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	3	9.99
			Nevirapine 200mg Tabs 60's	1	2.32
			Efavirenz 600mg Tabs 30's	1	4.5
869	10/25/2012	KPP/01/12-KEMSA	Efavirenz 200mg Tabs 90's	30,502	9.6
			Abacavir/Lamivudine 60/30mg Tabs 60's	92,583	6
877	10/31/2012	KPP/17/12-MYL	Lamivudine/Zidovudine/Nevirapine 30/60/50mg Tabs 60's	50,000	4.15
878	10/31/2012	KPP/11/12-ABL (B)	Lopinavir/Ritonavir 200mg/50mg Tabs 120's	50,013	24.25
879	10/31/2012	KPP/11/12-HET (A)	Lamivudine 150mg Tabs 60's	50,000	2.1
			Nevirapine 200mg Tabs 60's	500,000	2.24
			Lamivudine/Zidovudine 150/300mg Tabs 60's	237,586	7.06
882	11/5/2012	KPP/09/12-ABL (E)	Ritonavir Oral Solution 90ml	50	8.22
883	11/6/2012	KPP/17/12-MYL (B)	Lamivudine/Zidovudine/Nevirapine 30/60/50mg Tabs 60's	118,496	4.15
889	11/14/2012	KPP/17/12-MYL (C)	Lamivudine/Zidovudine 30/60mg Tabs 60's	26,600	2.01
890	11/14/2012	KPP/11/12(B)-AUR (C)	Abacavir Sulfate 300mg Tabs 60's	47,946	12.5
892	11/19/2012	KPP/11/12(B)-AUR (D)	Tenofovir DF/Lamivudine 300/300mg Tabs 30's	97,452	4.85
893	11/19/2012	KPP/11/12-AUR (F)	Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	100,476	8.5
894	11/19/2012	KPP/11/12-AUR (G)	Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	99,307	8.54
898	11/20/2012	KPP/09/12-ABL (F)	Ritonavir Oral Solution 90ml	40	8.22
901	11/26/2012	KPP/17/12-PPL (B)	Tenofovir 300mg tabs 30's	50	19.49
902	11/27/2012	KPP/11/12-HET (A)	Lamivudine/Zidovudine 150/300mg Tabs 60's	162,414	7.06
904	11/30/2012	KPP/11/12-MYL (A)	Tenofovir/Lamivudine/Efavirenz 300/300/600mg Tabs 30's	210,000	13.3
906	12/6/2012	KPP/11/12-MYL (B)	Tenofovir/Lamivudine/Efavirenz 300/300/600mg Tabs 30's	74,500	13.3
911	12/10/2012	KPP/11/12(B)-AUR (F)	Tenofovir DF/Lamivudine 300/300mg Tabs 30's	114,446	4.85
912	12/10/2012	KPP/11/12(B)-AUR (C)	Abacavir Sulfate 300mg Tabs 60's	2,054	12.5
913	12/10/2012	KPP/11/12-AUR (H)	Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	35,311	8.5
914	12/13/2012	KPP/09/12-ABL (G)	Ritonavir Oral Solution 90ml	80	8.22
916	12/13/2012	KPP/18/12-MYL (A)	Lopinavir/Ritonavir 200mg/50mg Tabs	66,177	22

GAR No.	GAR Date	Order No.	Product(s)	Quantity	Unit Price (U.S. \$)
			120's		
919	12/14/2012	KPP/17/12-MYL (D)	Lamivudine/Zidovudine 30/60mg Tabs 60's	23,318	2.01
925	12/20/2012	KPP/02/12-KEMSA	Zidovudine Oral Solution 240ml	13,828	1.75
			Nevirapine 200mg tablets 60's	60,000	2.69
			Tenofovir/Lamivudine 300/300mg Tabs 30's	75,000	4.73
926	12/21/2012	KPP/26/12-LBL (A)	Lamivudine Oral Solution 240ml	3	12.84
849	10/4/2012	KPP/05/12-MYL (E)	Tenofovir/Lamivudine/Efavirenz 300/300/600mg Tabs 30's	31,906	14.1
			Lopinavir/Ritonavir 200mg/50mg Tabs 120's	54,805	26.05
Ols					
853	10/8/2012	KPP/06/12-UNI (B)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	79,089	0.31
855	10/11/2012	KPP/05/09(F)-COS	Fluconazole 200mg Tabs 100's	5,000	5.45
872	10/25/2012	KPP/06/12-UNI (C)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	98,812	0.31
873	10/25/2012	KPP/06/12-UNI (D)	Cotrimoxazole Oral Suspension 200mg/5ml, 100ml	20,084	0.31
910	12/7/2012	KPP/12/12-COS (B)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	114,060	0.31
881	11/2/2012	KPP/06/12-UNI (E)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	99,569	0.31
897	11/20/2012	KPP/12/12-COS (A)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	85,940	0.31
921	12/19/2012	KPP/05/09(G)-COS	Fluconazole 200mg Tabs 100's	3,783	5.45
922	12/19/2012	KPP/19/12-COS (A)	Acyclovir 400mg tablets 30's	5,000	1.6
918	12/14/2012	KPP/03/12-GDF (B)	Cycloserine 250mg Caps 100's	2	59.09
			Levofloxacin 500mg Tabs 100's	540	7.75
847	10/2/2012	KPP/03/12-GDF	Capreomycin 1G Inj Vial 1's	2,880	5.65
			Cycloserine 250mg Caps 100's	1,080	59.09
			Kanamycin 1g/4ml Inj Vials 10's	2,592	25.8
			Levofloxacin 250mg Tabs 100's	270	5.5
			Para Amino Salicylic Acid 4gms 30's	120	46
			Prothionamide 250mg Tabs 100's	1,080	14.52
850	10/4/2012	KPP/05/09 (E)-COS (F)	Dapsone 100mg Tabs 1000's	3,000	11.74
866	10/22/2012	KP Excess Stocks	Amphotericin B 50mg Injection 1's	2	4.95
			Multivitamin Tabs 1000's	4	4.4
851	10/4/2012	KPP/15/12-COS	Pyrazinamide 500mg Tabs 100's	250	5
852	10/4/2012	KPP/16/12-COS (B)	Pyrazinamide 500mg Tabs 100's	500	3.9
			Ethambutol 400mg Tabs 100's	500	6
			Isoniazid 100mg Tabs 100's	3,000	1.12
			Isoniazid 300mg Tabs 100's	4,000	2.8
923	12/19/2012	KPP/16/12-COS (C)	Isoniazid 100mg Tabs 100's	1,417	1.12
			Isoniazid 300mg Tabs 100's	26,956	2.8
		KP Excess Stock	Isoniazid 100mg Tabs 100's	5	1.45

GAR No.	GAR Date	Order No.	Product(s)	Quantity	Unit Price (U.S. \$)
January to May 2013					
934	1/14/2013	KPP/11/12-MYL (C)	Tenofovir/Lamivudine/Efavirenz 300/300/600mg Tabs 30's	115,500	13.30
935	1/14/2013	KPP/18/12-MYL (B)	Lopinavir/Ritonavir 200mg/50mg Tabs 120's	53,182	22.00
939	1/16/2013	KPP/26/12-LBL (B)	Lamivudine Oral Solution 240ml	2	12.84
941	1/17/2013	KPP/18/12-AUR (A)	Nevirapine Oral Suspension, 240ml	50,000	1.96
942	1/17/2013	KPP/18/12-AUR (B)	Zidovudine 300mg tablets 60's	60,000	5.92
943	1/17/2013	KPP/11/12-AUR (J)	Efavirenz 600mg tablets 60's	105,217	3.35
944	1/17/2013	KPP/11/12-AUR (I)	Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	12,201	8.50
945	1/17/2013	KPP/11/12(B)-AUR (G)	Tenofovir/Lamivudine 300/300mg Tabs 30's	98,130	4.85
946	1/17/2013	KPP/18/12-HET	Nevirapine 200mg tablets 60's	300,000	2.23
949	1/18/2013	KPP/09/12-ABL (H)	Ritonavir Oral Solution 90ml	50	8.22
956	2/5/2013	KEMSA/01/13	Lopinavir/Ritonavir Oral Solution 80/20MG/ML 5x60MI	4,985	32.45
966	2/13/2013	KPP/09/12-ABL (I)	Ritonavir Oral Solution 90ml	70	8.22
970	2/20/2013	KPP/26/12-LBL (C)	Lamivudine Oral Solution 240ml	1	12.84
976	3/1/2013	KPP/21/12-CIP (A)	Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	107,725	8.39
977	3/1/2013	KPP/18/12-MYL (C)	Lopinavir/Ritonavir 200mg/50mg Tabs 120's	46,800	22.00
			Tenofovir/Lamivudine/Efavirenz 300/300/600mg Tabs 30's	13,100	13.30
986	13/03/2013	KEMSA/02/13	Abacavir/Lamivudine 30/60mg Tabs 60's	199,990	3.06
			Lamivudine/Zidovudine/Nevirapine 30/50/60mg Tabs 60's	39,984	4.31
			Efavirenz 200mg tablets 90's	18,000	8.73
1010	3/28/2013	KPP/32/12-LBL (A)	Lamivudine Oral Solution 240ml	10	12.84
1011	3/28/2013	KPP/21/12-CIP (B)	Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	92,275	8.39
993	3/14/2013	KPP/09/12-ABL (J)	Ritonavir Oral Solution 90ml	40	8.22
TB Drugs					
975	27/02/2013	KPP/16/12-PFI (B)	Rifabutin 150mg Capsules 30's	250	26.92
963	2/12/2013	KPP/16/12-COS (D)	Ethambutol 400mg Tabs 100's	450	6.00
OIs					
971	2/20/2013	KPP/22/12-COS (A)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	66,160	0.32
948	1/18/2013	KPP/19/12-COS (B)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	200,000	0.31
990	3/13/2013	KPP/22/12-COS (B)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	58,560	0.32
			Pyridoxine 50mg Tablets 100's	19,999	0.96
991	3/14/2013	KPP/22/12-COS (C)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	58,460	0.32
992	3/14/2013	KPP/22/12-UNI (A)	Cotrimoxazole 960mg Tabs 100's	111,728	1.96
998	3/18/2013	KPP/05/09(I)-COS (B)	Fluconazole 200mg Tabs, 100's	8,500	5.45
999	3/18/2013	KPP/22/12-COS (D)	Fluconazole 200mg Tabs, 100's	5,357	6.84
1002	3/19/2013	KPP/22/12-UNI (B)	Cotrimoxazole 960mg Tabs 100's	111,728	1.96
1007	3/26/2013	KPP/22/12-UNI (C)	Cotrimoxazole 960mg Tabs 100's	475	1.96
1008	3/26/2013	KPP/10/10-UCL (Z)	Amphotericin B for Injection 50mg, 1's	2,000	5.10

GAR No.	GAR Date	Order No.	Product(s)	Quantity	Unit Price (U.S. \$)
959	2/7/2013	KPP/10/10-UCL (Y)	Amphotericin B for Injection 50mg, 1's	1,950	5.10
962	2/12/2013	KPP/05/09(I)-COS (A)	Fluconazole 200mg Tabs, 100's	5,084	5.45
964	12/02/2013	KPP/05/09(G)-COS (B)	Fluconazole 200mg Tabs, 100's	1,217	5.45
			Pyridoxine 50mg tabs, 100's	10,000	0.67
BCP Kits					
978	3/2/2013	BCP KITS	Positive Guide to Life Booklet	100,000	0.38
979	02/03/2012	BCP KITS	Water Vessel, 20 Litres	7,176	4.76
980	3/2/2013	BCP KITS	Filter Cloths	46,400	0.50
981	3/2/2013	BCP KITS	Water Guard 150ml Bottle	120,000	0.148
982	02/03/2013	BCP KITS	Male Condoms, 144's	4,250	4.39
983	3/7/2013	BCP KITS	Male Condoms, 100's	2,370	3.05
988	13/03/2012	BCP KITS	Water Vessel, 20 Litres	4,398	4.76
989	13/03/2013	BCP KITS	Male Condoms, 144's	43,939	4.39
994	14/03/2012	BCP KITS	Water Vessel, 20 Litres	1,926	4.76
995	15/03/2013	BCP KITS	Male Condoms, 144's	7,400	4.39
996	15/03/2012	BCP KITS	Water Vessel, 20 Litres	13,074	4.76
1000	3/18/2013	BCP KITS	Water Guard 150ml Bottle	150,000	0.148
1003	19/03/2013	BCP KITS	Male Condoms, 144's	3,900	4.39
1004	22/03/2013	BCP KITS	Water Vessel, 20 Litres	2,394	4.76
1006	3/26/2013	BCP KITS	Filter Cloths	53,600	0.50
1009	27/03/2012	BCP KITS	Water Vessel, 20 Litres	10,296	4.76
LLITNs					
972	2/18/2013	KPP/25/12-A TO Z (A)	Long Lasting Insecticide Treated Nets LLIN's	50,000	3.75
973	2/22/2013	KPP/25/12-A TO Z (B)	Long Lasting Insecticide Treated Nets LLIN's	50,000	3.75
997	3/15/2013	KPP/25/12-A TO Z (C)	Long Lasting Insecticide Treated Nets LLIN's	50,000	3.75
Others					
960	2/8/2013	KPP/23/12-BAK	Dispensing Envelopes 1000's	4,000	5.40
April to June 2013					
1013			Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	2	8.50
			Lamivudine/Zidovudine/Nevirapine 30/60/50mg Tabs 60's	1	4.15
			Tenofovir/Lamivudine/Efavirenz 300/300/600mg Tabs 30's	4	14.10
1014	4/4/2013	KPP/32/12-PPL (A)	Tenofovir 300mg tabs 30's	30	19.60
1015	4/4/2013	KP Excess Stocks	Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	1	10.40
			Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	1	9.99
			Tenofovir/Lamivudine 300/300mg Tabs 30's	2	6.50
1015			Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	1	10.60
1021	4/12/2013	KPP/32/12-PPL (B)	Tenofovir 300mg tabs 30's	30	19.60
1024	4/12/2013	KPP/21/12-HET (A)	Lamivudine/Zidovudine 150/300mg Tabs 60's	100,000	6.96
1029	18/04/2013	KPP/21/12-STR	Efavirenz 600mg Tablets 30's	100,000	3.24

GAR No.	GAR Date	Order No.	Product(s)	Quantity	Unit Price (U.S. \$)
1030	18/04/2013	KPP/18/12-MYL (D)	Tenofovir/Lamivudine/Efavirenz 300/300/600mg Tabs 30's	186,900	13.30
1033	19/04/2013	KP Excess Stocks	Tenofovir/Lamivudine 300/300mg Tabs 30's	840	5.00
1038	4/30/2013	KPP/21/12-AUR	Tenofovir/Lamivudine 300/300mg Tabs 30's	115,249	4.87
1041	5/3/2013	KPP/18/12-AUR (C)	Tenofovir/Lamivudine 300/300mg Tabs 30's	111,646	4.87
1054	5/10/2013	KPP/27/12-ABL (A)	Ritonavir Oral Solution 90ml	70	8.22
1057	5/15/2013	KPP/27/12-ABL (B)	Ritonavir Oral Solution 90ml	50	8.22
1063	21/05/2013	KEMSA/03/13	Lamivudine/Zidovudine 30/60mg Tabs 60's	34,993	2.09
			Lamivudine/Abacavir 30/60mg Tabs 60's	79,980	3.11
			Lamivudine/Zidovudine/Nevirapine 30/60/50mg Tabs 60's	79,871	4.39
1072	5/27/2013	KPP/18/12-AUR (D)	Tenofovir/Lamivudine 300/300mg Tabs 30's	88,354	4.85
1073	5/27/2013	KPP/21/12-AUR (B)	Tenofovir/Lamivudine 300/300mg Tabs 30's	103,200	4.85
1067	5/23/2013	KPP/18/12-MYL (E)	Lopinavir/Ritonavir 200/50mg Tabs 120's	83,841	22.00
1071	5/27/2013	KPP/11/12(B)-AUR (H)	Tenofovir/Lamivudine 300/300mg Tabs 30's	36,448	4.85
1076	5/30/2013	KPP/22/12-HET (B)	Lamivudine/Zidovudine 150/300mg Tabs 60's	100,000	6.96
			Zidovudine 300mg Tabs 60's	20,000	5.75
1077	5/30/2013	KPP/22/12-HET (C)	Nevirapine 200mg Tabs 60's	100,000	2.23
1084	6/3/2013	KPP/32/12-LBL (B)	Lamivudine Oral Solution 240ml	10	12.84
1091	6/11/2013	KPP/21/12-AUR (C)	Tenofovir/Lamivudine 300/300mg Tabs 30's	81,551	4.87
1092	6/11/2013	KPP/27/12-AUR (A)	Tenofovir/Lamivudine 300/300mg Tabs 30's	16,051	4.72
1093	6/12/2013	KPP/32/12-PPL (C)	Tenofovir 300mg tabs 30's	30	19.60
1095	6/14/2013	KPP/01/11-STR (R)	Nevirapine 200mg Tabs 60's	41,862	2.54
1101	6/17/2013	KPP/27/12-AUR (B)	Nevirapine 200mg Tabs 60's	137,536	2.25
			Efavirenz 600mg Tabs 30's	50,000	3.35
1101			Abacavir 300mg Tabs 60's	18,621	11.40
1102	6/17/2013	KPP/27/12(B)-AUR (A)	Nevirapine Oral Suspension 100ml	10,000	1.30
1103	6/18/2013	KPP/32/12-LBL (C)	Lamivudine Oral Solution 240ml	10	12.84
1109	6/28/2013	KPP/32/12-LBL (D)	Lamivudine Oral Solution 240ml	10	12.84
1110	6/28/2013	KPP/27/12-ABL (C)	Ritonavir Oral Solution 90ml	70	8.22
1090	6/6/2013	KEMSA/04/13	Efavirenz 200mg Tabs 90's	18,000	9.60
1066	5/23/2013	KPP/21/12-MYL (A)	Abacavir Sulfate 300mg Tabs 60's	30,000	11.49
OIs					
1036	4/29/2013	KPP/22/12-COS (G)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	87,030	0.32
1037	4/30/2013	KPP/22/12-UNI (F)	Cotrimoxazole 960mg Tabs 100's	69,119	1.96
1035	19/04/2013	KPP/22/12-UNI (E)	Cotrimoxazole 960mg Tabs 100's	90,583	1.96
1032	19/04/2013	KPP/22/12-COS (F)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	87,440	0.32
			Pyridoxine 50mg Tablets 100's	5,783	0.96
1023	4/12/2013	KPP/22/12-UNI (D)	Cotrimoxazole 960mg Tabs 100's	85,596	1.96

GAR No.	GAR Date	Order No.	Product(s)	Quantity	Unit Price (U.S. \$)
1020	4/11/2013	KPP/22/12-COS (E)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	87,640	0.32
1015	4/4/2013	KP Excess Stocks	Cotrimoxazole 960mg Tabs 500's	1	8.22
1015			Cotrimoxazole 480mg tabs 1000's	5	8.38
1013	4/2/2013	KP Excess Stocks	Amphotericin B 50mg Injection 1's	1	4.95
1027	16/04/2013	KPP/28/12-UNI (A)	Acyclovir 400mg tablets 10's	18,000	0.50
1058	5/15/2013	KPP/16/12-PFI (C)	Levofloxacin 250mg Tabs 100's	270	5.50
			Levofloxacin 500mg Tabs 100's	540	7.75
			Prothionamide 250mg Tabs 100's	1,080	14.52
1044	5/6/2013	KPP/22/12-UNI (G)	Cotrimoxazole 960mg Tabs 100's	4,703	1.96
1045	5/6/2013	KPP/22/12-UNI (H)	Cotrimoxazole 960mg Tabs 100's	90,370	1.96
1047	5/7/2013	KPP/22/12-COS (H)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	29,280	0.32
1049	5/9/2013	KPP/22/12-COS (I)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	87,840	0.32
1050	5/9/2013	KPP/22/12-UNI (I)	Cotrimoxazole 960mg Tabs 100's	9,630	1.96
1051	5/10/2013	KPP/28/12-UNI (B)	Acyclovir 400mg tablets 10's	18,000	0.50
1056	5/14/2013	KPP/22/12-UNI (J)	Cotrimoxazole 960mg Tabs 100's	72,411	1.96
1060	5/16/2013	KPP/22/12-COS (J)	Pyridoxine 50mg Tablets 100's	14,218	0.96
1065	5/22/2013	KPP/22/12-UNI (K)	Cotrimoxazole 960mg Tabs 100's	30,242	1.96
1074	5/28/2013	KPP/22/12-COS (K)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	116,220	0.32
1086	6/5/2013	KPP/22/12-UNI (L)	Cotrimoxazole 960mg Tabs 100's	42,955	1.96
1090	6/7/2013	KEMSA/04/14	Fluconazole IV Infusion 2mg/ml 100ml	2,000	0.47
1096	6/14/2013	KPP/28/12-COS (B)	Fluconazole 200mg Tabs, 100's	13,769	6.84
1097	6/14/2013	KPP/22/12-COS (M)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	21,370	0.32
1098	6/14/2013	KPP/22/12-UNI (M)	Cotrimoxazole 960mg Tabs 100's	99,227	1.96
1104	6/20/2013	KPP/22/12-UNI (N)	Cotrimoxazole 960mg Tabs 100's	55,165	1.96
1106	6/25/2013	KPP/22/12-UNI (P)	Cotrimoxazole 960mg Tabs 100's	35,798	1.96
1107	6/25/2013	KPP/28/12-UNI (C)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	39,140	0.31
			Acyclovir 400mg tablets 10's	18,000	0.50
TB Drugs					
1058	5/15/2013	KPP/16/12-PFI (C)	Rifabutin 150mg Capsules 30's	250	29.62
1059	5/15/2013	KPP/20/12-PFI (A)	Rifabutin 150mg Capsules 30's	100	29.62
1094	6/12/2013	KPP/03/12-IDA (D)	Para Amino Salicylic Acid 4gms 30's	107	46.00
LLITNs					
1019	4/11/2013	KPP/25/12-A to Z (D)	Long Lasting Treated Nets LLIN's	50,000	3.75
July to September 2013					
ARVs					
1111	7/1/2013	KPP/21/12-MYL (B)	Tenofovir/Lamivudine/Efavirenz 300/300/600mg Tabs 30's	350,000	13.27
1112	7/1/2013	KPP/27/12-MYL (A)	Tenofovir/Lamivudine/Efavirenz 300/300/600mg Tabs 30's	200,550	12.74
1126	7/15/2013	KPP/21/12-HET (D)	Nevirapine 200mg Tablets 60's	100,000	2.23
1127	7/15/2013	KPP/27/12-HET (A)	Stavudine/Lamivudine 30/150mg Tablets 60's	20,000	2.85

GAR No.	GAR Date	Order No.	Product(s)	Quantity	Unit Price (U.S. \$)
			Stavudine/Lamivudine/Nevirapine 30/150/200mg Tablets 60's	80,000	4.35
1128	7/18/2013	KPP/27/12-AUR (C)	Nevirapine 200mg Tabs 60's	156,307	2.25
			Efavirenz 600mg Tabs 30's	50,000	3.35
			Lopinavir/Ritonavir 200/50mg Tabs 120's	23,721	20.50
			Zidovudine 300mg Tabs 60's	14,666	5.55
1129	7/18/2013	KPP/27/12-AUR (D)	Tenofovir/Lamivudine 300/300mg Tabs 30's	98,228	4.72
1130	7/18/2013	KPP/27/12-HET (B)	Lamivudine/Zidovudine 150/300mg Tabs 60's	100,000	6.75
1134	7/24/2013	KPP/27/12(B)-AUR (B)	Nevirapine Oral Suspension 50mg/5ml, 100ml	19,104	1.30
1135	7/24/2013	KPP/27/12-HET (C)	Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	94,824	8.25
1150	8/12/2013	KP Excess Stocks	Lopinavir/Ritonavir Oral Solution 80/20mg/ml 5x60ml	1	32.64
			Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	23	8.50
			Zidovudine 300mg Tabs 60's	10	5.92
			Lamivudine 150mg Tabs 60's	2	2.15
			Lamivudine/Zidovudine 150/300mg Tabs 60's	60	7.06
			Lopinavir/Ritonavir 200/50mg Tabs 120's	4	22.00
			Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	10	8.81
1152	8/14/2013	KPP/27/12-AUR (F)	Lopinavir/Ritonavir 200/50mg Tabs 120's	26,279	20.50
			Tenofovir/Lamivudine 300/300mg Tabs 30's	34,960	4.72
1153	8/14/2013	KPP/27/12(B)-AUR (C)	Nevirapine Oral Suspension 100ml	2,574	1.30
1155	8/15/2013	KPP/27/12-ABL (D)	Ritonavir Oral Solution 90ml	80	8.22
1156	8/15/2013	KPP/27/12-MYL (B)	Tenofovir/Lamivudine/Efavirenz 300/300/600mg Tabs 30's	109,000	12.74
1171	8/26/2013	KP STOCK	Acyclovir 400mg tablets 10's	10	0.50
1174	8/28/2013	KPP/32/12-PPL (D)	Tenofovir 300mg tabs 30's	110	19.60
1181	9/3/2013	KPP/32/12-LBL (E)	Lamivudine Oral Solution 240ml	10	12.84
1184	9/4/2013	KPP/02/13-COS (D)	Acyclovir 400mg tablets 30's	5,999	1.40
1196	9/13/2013	KPP/27/12-ABL (E)	Ritonavir Oral Solution 90ml	70	8.22
1200	9/19/2013	KPP/27/12-AUR (G)	Zidovudine 300mg Tabs 60's	30,334	5.55
			Nevirapine 200mg Tablets 60's	56,157	2.25
1201	9/23/2013	KPP/27/12-MYL (C)	Tenofovir/Lamivudine/Efavirenz 300/300/600mg Tabs 30's	54,570	12.74
1202	9/23/2013	KPP/01/13-CIP (A)	Abacavir/Lamivudine 60/30mg Tabs 60's	99,982	5.50
1203	9/23/2013	KPP/27/12-HET (D)	Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	101,184	8.25
			Lamivudine/Zidovudine 150/300mg Tabs 60's	100,000	6.75
1204	9/23/2013	KPP/27/12-HET (E)	Lamivudine/Zidovudine/Nevirapine 150/300/200mg Tabs 60's	153,992	8.25
1206	9/24/2013	KPP/27/12-AUR (H)	Tenofovir/Lamivudine 300/300mg Tabs 30's	97,306	4.72
1207	9/25/2013	KPP/27/12-AUR (E)	Tenofovir/Lamivudine 300/300mg Tabs 30's	155,415	4.72

GAR No.	GAR Date	Order No.	Product(s)	Quantity	Unit Price (U.S. \$)
1208	9/25/2013	KPP/27/12-MYL (D)	Tenofovir/Lamivudine/Efavirenz 300/300/600mg Tabs 30's	91,418	12.74
1209	9/25/2013	KPP/01/13-MYL (A)	Lamivudine/Zidovudine 150/300mg Tabs 60's	37,336	2.01
1219	30/09/2013	KPP/01/13-CIP (B)	Abacavir/Lamivudine 60/30mg Tabs 60's	50,018	5.50
1217	30/09/2013	KPP/27/12-AUR (I)	Abacavir Sulfate 300mg Tabs 60's	21,379	11.40
1218	30/09/2013	KPP/01/13-AUR (A)	Abacavir Sulfate 300mg Tabs 60's	15,422	11.40
OIs					
1193	9/12/2013	KPP/28/12-UNI (H)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	2,526	0.31
1197	9/17/2013	KPP/02/13-UNI (A)	Cotrimoxazole 960mg Tabs 100's	42,230	1.96
1198	9/17/2013	KPP/02/13-UNI (B)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	55,502	0.31
1205	9/23/2013	KPP/19/12-MPL	Amphotericin B Injection	10,950	8.13
1116	04/07/2013	KPP/22/12-UNI (Q)	Cotrimoxazole 960mg Tabs 100's	47,483	1.96
1117	04/07/2013	KPP/28/12-UNI (D)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	60,860	0.31
			Acyclovir 400mg tablets 10's	9,000	0.50
1118	7/4/2013	KPP/22/12-UNI (R)	Cotrimoxazole 960mg Tabs 100's	34,793	1.96
1121	7/11/2013	KPP/28/12-UNI (E)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	17,850	0.31
1122	7/11/2013	KPP/22/12-UNI (S)	Cotrimoxazole 960mg Tabs 100's	56,135	1.96
1123	7/11/2013	KPP/22/12-UNI (T)	Cotrimoxazole 960mg Tabs 100's	38,778	1.96
1140	7/30/2013	KPP/22/12-UNI (V)	Cotrimoxazole 960mg Tabs 100's	90,545	1.96
1143	7/31/2013	KPP/02/13-COS (A)	Cotrimoxazole 960mg Tabs 100's	63,653	1.95
			Acyclovir 400mg tablets 30's	12,000	1.40
1144	8/1/2013	KPP/22/12-UNI (W)	Cotrimoxazole 960mg Tabs 100's	58,589	1.96
1147	8/7/2013	KPP/22/12-UNI (X)	Cotrimoxazole 960mg Tabs 100's	25,839	1.96
1133	7/22/2013	KPP/22/12-UNI (U)	Cotrimoxazole 960mg Tabs 100's	68,909	1.96
1150	8/12/2013	KP Excess Stocks	Cotrimoxazole 960mg Tabs 100's	5	1.90
1150	8/12/2013	KP Excess Stocks	Cotrimoxazole 960mg Tabs 100's	5	1.96
1158	8/15/2013	KPP/28/12-UNI (F)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	59,906	0.31
1162	8/16/2013	KPP/28/12-UNI (G)	Cotrimoxazole Oral Suspension 240mg/5ml, 100ml	19,718	0.31
1163	8/19/2013	KPP/20/12-PFI (B)	Rifabutin 150mg Capsules 30's	100	29.62
1169	8/26/2013	KPP/02/13-COS (C)	Cotrimoxazole 960mg Tabs 100's	21,197	1.95
1157	8/15/2013	KPP/02/13-COS (B)	Cotrimoxazole 960mg Tabs 100's	21,293	1.95
1154	8/14/2013	KPP/22/12-UNI (Y)	Cotrimoxazole 960mg Tabs 100's	43,131	1.96
1214	9/27/2013	KPP/02/13-UNI (C)	Cotrimoxazole 960mg Tabs 100's	23,684	1.96
1215	9/26/2013	KPP/02/13-COS (E)	Cotrimoxazole 960mg Tabs 100's	84,577	1.95
1183	9/4/2013	KPP/28/12-COS (D)	Pyridoxine 50mg Tablets 100's	9,999	1.00
1131	7/19/2013	KPP/28/12-COS (C)	Pyridoxine 50mg Tablets 100's	10,000	1.00
TB Drugs					
1186	9/6/2013	KEMSA/05/13	Ethambutol 400mg Tabs 100's	300	6.86
			Isoniazid 300mg Tabs 100's	200	2.76
			Pyrazinamide 500mg Tabs 100's	300	2.77
1175	8/28/2013	KPP/20/12-PFI (C)	Rifabutin 150mg Capsules 30's	500	29.62

GAR No.	GAR Date	Order No.	Product(s)	Quantity	Unit Price (U.S. \$)
BCP Kits					
1194	9/12/2013	BCP KITS	Filter Cloths	100,000	0.42
1195	9/12/2013	BCP KITS	Water Guard 150ml Bottle	240,000	0.15
1185	9/5/2013	BCP KITS	Collapsible Water Container, 20 Litres	10,020	4.90
1164	8/20/2013	BCP KITS	Male Condoms, 144's	8,750	4.39
1165	8/20/2013	BCP KITS	Shipper Cartons	100,000	0.61
1167	8/23/2013	BCP KITS	Male Condoms, 144's	9,100	4.39
1168	8/24/2013	BCP KITS	Male Condoms, 144's	8,950	4.39
1172	8/27/2013	BCP KITS	Male Condoms, 144's	5,900	4.39
1136	7/25/2013	BCP KITS	Water Guard 150ml Bottle	280,000	0.15
1137	7/25/2013	BCP KITS	Positive Guide to Life Booklet	200,000	0.41
			Safe Waterguard Sticker	200,000	0.40
			How To Use Waterguard Sticker	200,000	0.40
1139	7/26/2013	BCP KITS	Shipper Cartons	100,000	0.61
1120	7/10/2013	BCP KITS	Water Guard 150ml Bottle	280,000	0.15
1115	7/3/2013	BCP KITS	Water Vessel, 20 Litres	7,590	4.76
1210	9/25/2013	BCP KITS	Filter Cloths	80,000	0.42
1211	9/26/2013	BCP KITS	Male Condoms, 144's	2,050	4.39
1212	9/26/2013	BCP KITS	Filter Cloths	20,000	0.42
1178	8/29/2013	BCP KITS	Collapsible Water Container, 20 Litres	10,020	4.90
Others					
1149	8/8/2013	KPP/03/13-AMM (A)	Dispensing Envelopes, 100's	2,000	5.42
				22,907,169.60	

Annex X: Problems Identified and Actions Taken

Supply Chain Area	Problem Identified	Date Reported to USAID
Procurement	Disparities between net specifications given by USAID and what approved vendors are able to provide. PSI and USAID - PMI responded to the issues raised by the suppliers and participated in the tender evaluation to provide technical guidance.	29/10/2012
	Concern over where the Mosquito bed nets were being sent to because there is a policy by DOMC that Polyethylene nets should not sent to fishing communities as they tend to use them as fishing nets. USAID clarified that the nets are part of the Basic Care Kits to be sent countrywide and the quantity going to Nyanza is too small to warrant a procurement of the Polyester nets for the region.	9/11/2012
	Need for artwork for mosquito bed nets. USAID provided the artwork.	18/12/2012
	Kenya Pharma proposed to set up a supplier's conference organizing committee comprising of NASCOP, KEMSA, PPB, USAID and Kenya Pharma. Kenya Pharma requested USAID if they were in agreement with the proposal. USAID provided a verbal concurrence.	5/4/2013
	Notified USAID on the need to procure Amphotericin injection locally to avoid running out of stock as we awaited stocks from Mission Pharma. USAID provided the approval and procurement was completed.	19/02/2013
	Notified USAID on pending procurement approvals that were due and whose continued delay would impact on commodity procurement planning. Approval provided though past the contractual deadlines.	21/02/2013
	Notified USAID on the need to procure pediatric ARVs to meet potential supply gaps occasioned by delays in Global Fund procurements. Approval given to procure ABC/3TC, AZT/3TC and Efavirenz 200mgs.	18/03/2013
	Need to procure additional sealing tapes for BCP kits due to a short supply by SCMS. Request granted and KP procured the needed sealing tapes.	28/05/2013
	Sought branding and marking waiver for Lopinavir/r whose quantity required was below the manufacturer's batch size. Waiver granted.	17/09/2013
Delivery	KEMSA's refusal to accept short dated Stavudine formulations for distribution to sites that were already out of stock. The product had 5 months to expiry. USAID discussed with KEMSA who agreed to receive the commodities.	7/4/2013
	Kenya Pharma notified USAID of temporary shutdown of the distribution of the BCP kits due to a lack of the water vessel component. Redistribution resumed once the water vessel were received a few days later.	17/04/2013
Delivery	Kenya Pharma received 3,000 carton sealing tapes from SCMS which were estimated to seal the 100,000 cartons for BCP kits. However, KP noted that 4033 rolls of the 3 inches by 50 meters long tape were required. KP notified USAID that they would be procuring the additional 1033 tapes at approximately \$2.03 per tape which totaled to \$2,096.99. Additional tapes procured were procured.	7/5/2013
Quality Assurance	Potential medication error due to similarities in product packaging. PPB notified as is necessary but issue not yet addressed conclusively.	2/10/2012
	Kenya Pharma requested for a quality control analysis waiver for Tenofovir 300 mgs tablets from Aspen South Africa Operations (USFDA approved). This was because the quantities to be procured were too small and were being delivered on a call down basis hence not justifying the free samples usually given by the manufacturers. USAID granted the waiver.	7/4/2013
Quality Assurance	Kenya Pharma proposed two organizations which may be donated with the NQCL generator that was now free. Response is awaited from USAID.	28/05/2013
Storage	SCMS did not have storage capacity to store bed nets procured by Kenya Pharma but consigned to SCMS for assembling of BCP kits. USAID provided approval to Kenya Pharma to look for alternative storage space.	19/02/2013
	Notified USAID on remaining VMMC commodities that require to be allocated to sites. Issue still pending.	18/03/2013

Supply Chain Area	Problem Identified	Date Reported to USAID
Collaboration	Request for a decentralization meeting. USAID provided approval to support the meeting at Fairview hotel.	2/10/2012
	Need for USAID to facilitate a meeting with KEMSA in readiness for KP transition. Matter still pending at USAID.	26/09/2013
Stock and consumption	Usage of single agent TDF. USAID approved a small procurement of the single agent TDF to take care of the few patients in dire need of the product.	9/10/2012
	Request for lamivudine syrup. USAID approved a small procurement to take care of the affected patient.	27/11/2012
	Low stocks of pediatric ARVs (Lopinavir/Ritnavir liquid and ABC/3TC). Issue still pending.	12/11/2012
	Potential stock out of Amphotericin B injection due supplier's delay. Kenya Pharma advised sites to consider starting new patients on Diflucan injection and availed the same from the Diflucan Donation Program. USAID notified.	3/9/2013

Annex XI: International Trip Report

Name of Traveler	Trip Location	Travel Date(s)	Purpose of Travel
Tony Savelli	Kenya	Nov 17-21, 2012	Award fee
Robert Nguni	Rwanda	Nov 13-17, 2012	Conference
Esther Turunga	Rwanda	Nov 13-17, 2012	Conference
Ruth Njoroge	India	Dec 3-7, 2012	Meeting suppliers
Janet Handa	India	Dec 3-7, 2012	Meeting suppliers
Matt Parowski	Kenya	Apr 14-19, 2013	ISO
Jah Salamatu	Kenya	May 11-24, 2013	Audit
Tony Savelli	Kenya	Jul 22-25, 2013	Stakeholders / Work planning
Sara Roswurm	Kenya	Jul 22-Aug 8, 2013	Stakeholders/Work planning

Annex XII: Branding and Marking Report

Material	USAID/ Kenya Pharma Sub- brand	Kenya Pharma Name Only	PEPFAR Marking	No Branding	Notes
Administrative Items					
Signage	X		X		During the year a new external signage was placed on a street light (adopt-a-light sign) on the street where Parklands Plaza is located.
Business cards		X			During the year new business cards were printed incorporating the ISO certification mark. The cards have been marked with the project name only and do not have the USAID identity as per ADS 320.3.1.6) but identifies the staff as USAID contractor.
Tender documents and advertisements	X		X		Job adverts placed in local newspaper (Daily Nation) that appeared during the year had both the sub-brand and the PEPFAR marking, while the Chemonics letterhead was used when project was entering contractual relationships with third party (hiring staff, leases) as per ADS 320.3.1.5.
Stationery	X		X		Chemonics letterhead was used when project was entering contractual relationships with third party (hiring staff, leases) as per ADS 320.3.1.5.
Deliverables (reports, etc.)	X		X		
Technical and Promotional Materials					
Project website	X		X		
Newsletter/e- bulletin	X		X		Internal newsletter circulated to staff during the year was co-branded with USAID and PEPFAR
Success stories	X		X		Success stories were placed on the Kenya Pharma website and print copies were formatted and placed in the appropriate branded format.
PowerPoint presentations	X		X		Presentations made using PowerPoint slides during the year were appropriately branded
Banners	X		X		Process banners reprinted with ISO 9001:2008 certification mark.
Posters	X		X		During the year two poster presentations were printed and presented at the Global Health Supply Chain Conference held in Kigali, Rwanda.
e-SCM certificates	X		X		Certificates of participation were printed and given to training participants on how to use the e-SCM.
Commodities and Materials Associated with Shipments					
Waybill				X	As a security measure, the waybill contains only the name of the shipper, usually DHL.
Boxes/cartons	X		X		Cartons of commodities continue to be marked with PEPFAR co-branded stickers upon arrival in Kenya Pharma warehouse and with "Quality Assurance –Released" stickers after QA inspection and approval. Cartons dispatched to SDPs were sealed with PEPFAR co-branded packing tapes.
Monthly packet of ARVs, Ols		X			Commodities procured by the project are marked with the project name and "not for resale" on the individual packaging. This marking is only applied to non-emergency procurements.

Material	USAID/ Kenya Pharma Sub- brand	Kenya Pharma Name Only	PEPFAR Marking	No Branding	Notes
Collateral items for use by FSR representatives (wall calendars and diaries)		X			Project promotional items which included 1,000 wall calendars and 200 diaries were produced during the year. The calendars bore the full project logo while the diaries were embossed with the project name only on the cover.

Annex XIII: Stock Status Report as of September 30, 2013

Commodity	Units
ARVs	
ABACAVIR 300MG TABLETS 60'S	56,658
ABACAVIR/LAMIVUDINE 60/30MG TABLETS 60'S	82,680
EFAVIRENZ 600MG TABLETS 30'S	241,831
EFAVIRENZ 200MG TABLETS 90'S	17,309
LAMIVUDINE 150MG TABLETS 60'S	36,600
LAMIVUDINE ORAL SOLUTION 240ML	15
LAMIVUDINE/ZIDOVUDINE 150MG/300MG TABLETS 60'S	365,344
LAMIVUDINE/ZIDOVUDINE 30MG/60MG TABLETS 60'S	23,317
LAMIVUDINE/ZIDOVUDINE/NEVIRAPINE 150/300/200MG TABLETS 60'S	267,469
LAMIVUDINE/ZIDOVUDINE/NEVIRAPINE TABLETS 30/60/50MG 60'S	131,511
NEVIRAPINE 200MG TABLETS 60'S	562,045
NEVIRAPINE ORAL SUSPENSION 100ML	31,508
NEVIRAPINE ORAL SUSPENSION 240ML	37,026
LOPINAVIR/RITONAVIR 200/50MG TABLETS 120'S	160,587
LOPINAVIR/RITONAVIR ORAL SOLUTION 5X60ML	985
RITONAVIR ORAL SOLUTION, 90ML	59
STAVUDINE/LAMIVUDINE 30MG/150MG TABLETS 60'S	546
STAVUDINE/LAMIVUDINE/NEVIRAPINE 30MG/150MG/200MG TABS 60'S	7,770
TENOFOVIR/LAMIVUDINE/EFAVIRENZ 300/300/600MG TABLETS 30'S	325,874
TENOFOVIR 300MG TABLETS 30'S	105
TENOFOVIR/LAMIVUDINE 300MG/300MG TABLETS 30'S	363,317
ZIDOVUDINE 300MG TABLETS 60'S	7,017
ZIDOVUDINE ORAL SOLUTION 240ML	12,843
Opportunistic Infections Medicines	
ACYCLOVIR 400MG TABLETS 10'S	1,776
AMPHOTERICIN B 50MG INJECTION 1'S	10,950
COTRIMOXAZOLE 960MG TABLETS 100'S	292,426
COTRIMOXAZOLE 240MG/5ML SUSPENSION 100ML	332,036
DAPSONE 100MG TABLETS 1000'S	6,251
FLUCONAZOLE 200MG TABLETS 100'S	21,291
FLUCONAZOLE IV INFUSION 2MG/ML, 100ML	540
PYRIDOXINE 50MG TABLETS 100'S	41,196
Anti-TB Medicines	
ETHAMBUTOL 400MG TABLETS 100'S	237
ISONIAZID 300MG TABLETS 100'S	189
PARA AMINO SALICYLIC ACID 4GMS SACHET 30'S	1
PYRAZINAMIDE 500MG TABLETS 100'S	252
RIFABUTIN 150MG CAPSULES 30'S	614
Others	
DISPENSING ENVELOPES 1000'S	3,882
Total	3,444,057

Annex XIV: Self-assessment

Below, we present brief discussions of our performance and our self-assessment in each of the project's five award fee criteria areas.

Procurement. During the Year 4 reporting period, our stock management, buffer stock levels, and proactivity and collaboration with the national policy apparatus continued. We also participated in a significant leadership capacity in the contingency planning around the election period and completed assembly and distribution of the initial consignment of 100,000 BCP kits.

Based on this, we think the project's performance in the procurement planning area warrants an increase in our performance rating. We have increased our self-assessment score by one point, still in the low end of the exceptional range – 88.

Quality. During this reporting period, the QA team worked with PPB, KEMSA, NQCL, and MEDS to promote pharmaceutical quality and pharmacovigilance in Kenya. We are also supporting the local test laboratories to improve their responsiveness, timeliness, and systems management. In addition, our team participated with members of the KEMSA QA team in the first joint GMP assessment of a local supplier.

In view of these results in the quality arena, we think is appropriate to increase our self-assessment score in the QA area by one point to a score in the low end of the exceptional range – 87.

Price. Our prices continue to track below and follow the generally downward trend of median international ARV prices. We are also now more actively negotiating with suppliers based on our reference price from the six-source price comparison we introduced earlier this year.

In view of the above and based on our overall performance in the price area, we think it is appropriate to maintain our high self-assessment score – 92.

Collaboration. We continue to focus on collaboration with our stakeholder community as we look ahead to the transition of Kenya Pharma's operations to the Kenyan government. We continue to include KEMSA and NASCOP in our monthly procurement planning meetings so that information sharing and joint management of the consolidated national supply chain is possible. Due to this continuing collaboration, we think our score in the collaboration arena warrants maintenance in the upper part of the exceptional range – 93.

Reporting. In the past quarter, our reporting has continued to be generally accurate, timely, and complete, directly and through our participation in working groups and collaborative opportunities. We also continue to implement changes in the e-SCM that increase its usability for sites and implementers. Finally, we have continued our effort to correct the problems with patient data from sites and support their increased "ownership" of their data and reports. In view of these results, we have increased our self-assessment score in this area by one point within the excellent range – 88.

As can be seen in the table below, in the aggregate and after applying the weighting factors, these ratings result in a composite award fee self-assessment score of 89.8.

Self-assessment Score for Project Year 4

	Q1 Y4 Self	Q2 Y4 Self	Q3 Y4 Self	End Y4 Self
Procurement	84	86	87	88
Quality	84	85	86	87
Price	91	91	92	92
Collaboration	89	91	93	93
Reporting	85	86	87	88
	86.9	88.1	89.3	89.8